

# APPLICATION

## REQUEST FOR READMISSION



1. Complete each section of the application for readmission; indicate N/A if the question does not apply to you.
2. Sign and date the bottom of this application.
3. Return Application to the Records and Registration Office.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female \*Religious Affiliation: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, what is your status? \_\_\_\_\_

Are you a N.C. resident?  Yes  No Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Ethnicity – Check only one:  American Indian  Asian/Pacific Islander  Black/Non-Hispanic  
 Hispanic  White/Non-Hispanic  Other: \_\_\_\_\_

\*Marital Status:  Single  Married  Divorced  Separated  Widowed

Proposed Entry Term/Year:  Fall Semester 20\_\_\_\_\_  Spring Semester 20\_\_\_\_\_

Do you plan to live on campus?  Yes  No (to live off campus you must be 21, a senior, married, or living with family)

Did you leave Montreat while on Academic Probation?  Yes  No

Do you plan to participate in an athletic team?  Yes  No If so, which team? \_\_\_\_\_

### COLLEGE INFORMATION:

List all colleges you have attended since your last attendance at Montreat College (most recent first). Use additional sheets of paper if necessary.

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Name: \_\_\_\_\_ Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

### EMERGENCY INFORMATION AND AUTHORIZATION:

In case of an emergency, who can we contact? \_\_\_\_\_

Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Non-family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I certify that all answers and statements made in this application are true. If readmitted, I agree to abide by all the rules and regulations of the college as set forth in the catalog and other official publications of the college. I understand that I will be under the current catalog in force if readmitted after an absence of more than one semester. I certify that the information herein is current and complete. I understand that withholding information and/or giving false information will make me ineligible for admission and enrollment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Send completed application to:

Montreat College, ATTN: Records and Registration Office, PO Box 1267, Montreat, NC 28757

*Montreat College admits qualified students of any race, color, religion, sex, age, nationality or ethnic origin to all programs. Montreat College supports the attainment for all persons regardless of race, sex, nationality, age or disability. The college is committed to compliance with American Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973. Federal Law prohibits the College from making inquiries regarding disabilities, but information voluntarily given will not affect admission decision and will be used to assist student. If upon admission you require services because of a disability, you should notify the admission office of Montreat College.*

\* This information is optional and is used for compiling institutional data only; this information will not be used in readmission decisions.