

## APPLICATION FOR READMISSION

*To be completed by any admitted student who was enrolled, but has been continuously absent, for two or more semesters but not more than two years.*

CWID #
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PLEASE PRINT OR TYPE

LAST NAME		FIRST NAME		M.I.	PHONE NO. ( )		
ADDRESS (Number and Street)					APT. NO. OR C/O		
CITY			STATE	ZIP CODE		COUNTRY (If other than U.S.A.)	
BUSINESS PHONE NO. ( )		EXTENSION			PREVIOUS / MAIDEN NAME (If applicable)		
DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Not married		TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	CALIF. RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLYING FOR FINANCIAL AID AT PEPPERDINE? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROGRAM RE-APPLYING FOR				SEEKING A TEACHING CREDENTIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS YOUR PROGRAM 100% ONLINE? Yes No	
TERM LAST ENROLLED 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring (Jan/Apr)		TERM TO RE-ENROLL 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring (Jan/Apr)			EXPECTED GRADUATION TERM 20 ____ <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Spring (Jan/Apr)		

If you answer "Yes" to any of the following questions, please attach an explanation.

Has any college dismissed you or asked you to withdraw? .....  Yes  No  
 Have you been judged guilty of criminal or civil offenses other than minor traffic violations? .....  Yes  No

<b>NON-U.S. CITIZENS PLEASE COMPLETE ▶</b>	TYPE OF VISA	COUNTRY OF CITIZENSHIP
	<input type="checkbox"/> F-1 <input type="checkbox"/> B-2 <input type="checkbox"/> J-1 <input type="checkbox"/> PRV (Green card) <input type="checkbox"/> Other: _____	

<b>PREFERRED CLASS LOCATION</b>	
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Please list all colleges attended since leaving Pepperdine. Official transcripts must be sent directly from all institutions listed to the Enrollment Services Office at GSEP. Please indicate number of units currently in progress.

COLLEGE(s) ATTENDED <i>(Use additional sheet if necessary)</i>	LOCATION City / State	DATES (Mo/Yr)		MAJOR	DEGREE		NO. OF UNITS
		From	To		Received	Mo / Yr	

I certify, that to the best of my knowledge, the information furnished in this application is true and complete. I agree that, if admitted, I will abide by the rules and regulations of Pepperdine University as contained in the current academic catalog. I agree that, if admitted, I am required to comply with current program and graduation requirements. All official transcripts which I forward to the University become the property of the University and will not be forwarded to another institution nor returned to me. If there is a policy dispute between the University and me, the appropriate catalog will be used as the arbitrating medium.

Signature of Applicant: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Pepperdine University is pleased to consider all applicants without regard to race, color, sex, religious affiliation, national origin, or non-disqualifying handicap.