LE MOYNE COLLEGE

APPLICATION FOR RE-ADMISSION

GENERAL INFORMATION

Please type or print all information.

❑Mr.
❑Ms.
Name ❑Mrs. _____
Last *First* *MI*

Preferred Name_____ Previous Name(s)_____

Current Address - Number & Street _____

City & State_____ Zip_____ Country_____

Home Telephone (____)_____ Work Telephone (____)_____

Social Security #_____ E-mail Address_____

I am applying for: ❍ Fall 20____ ❍ Spring 20____

I plan to study: ❍ Full-time ❍ Part-time Number of Credits_____

Last semester and year attended: _____

Intended major: _____

What are your current career plans? _____

I wish to be considered for on-campus housing: ❍ Yes ❍ No

PERSONAL STATEMENT

On a separate page, please discuss your reason for leaving Le Moyne, and your reason for returning.

ACADEMIC HISTORY

Have you attended any other college(s) since you left Le Moyne? ❍ Yes ❍ No
If yes, please forward the official transcript(s) and fill in the section below.

College_____ Hours Completed/In Progress_____ Dates of Attendance_____

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Below, please list all of the courses that you are presently taking. *(Accuracy is very important.)*

SEMESTER	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

I verify that the above information is complete and accurate.

Applicant Signature:_____ Date:_____