

TRINE UNIVERSITY

Readmission Application

(main campus)

Registrar's Office
Trine University
1 University Avenue
Angola, IN 46703-1764
260.665.4239

Name _____
Last First Middle

Former Name (if applicable) _____

Address _____
Street City State Zip

Cell/Telephone (_____) _____ Social Security Number _____

Marital Status Married Single Birthdate _____
month day year

Last term at Trine University: Fall Spring Summer _____ (year)

Reason for leaving (check all that apply)

- Personal Academic dismissal Disciplinary dismissal Financial
- Graduated (month _____ year _____)
- Transferred to other institutions (list below the names of all Colleges and Universities you have attended since leaving Trine University)

You must have official transcripts sent directly from other institutions to the Registrar's Office before any readmission action will be taken.

Expected Return _____ Semester, 20 _____ Major _____

International students must send a copy of their current I-20 and current financial guarantee to the Registrar.

Student's Signature _____ Date _____

**Your application will be reviewed by the readmission committee.
You will be notified of your status.**