

# REQUEST FOR RE-ADMISSION

## *Framingham State College – Undergraduate Degree Program*

As per policy contained in the College catalog, this form serves as a request to the Director of Student Records and Registration Services (Registrar) for re-admission to Framingham State College. **Note:** *Students who were Suspended from the College are required to apply for Re-Admission through the Office of Undergraduate Admissions.*

**Check which semester you are applying for:** ( ) Fall 20\_\_\_\_\_ ( ) Spring 20\_\_\_\_\_  
*Application Deadline August 1<sup>st</sup>* *Application Deadline December 1<sup>st</sup>*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

\*MAIDEN OR OTHER NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*\*All name changes must be accompanied by a photocopy of a marriage certificate or other legal document as proof of change.* MM/DD/YY

STUDENT ID# (if known) : \_\_\_\_\_ SOC-SEC-NUM: \_\_\_\_\_

MAJOR WHEN LAST ATTENDED: \_\_\_\_\_ (if known)

STREET ADDRESS: \_\_\_\_\_ ( ) check if address has changed since you last attended the College.  
CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: *home* ( ) \_\_\_\_\_ *work* ( ) \_\_\_\_\_

REQUEST TO RETURN AS: ( ) Full-Time OR ( ) Part-Time: # of course: \_\_\_\_\_

REQUEST TO ATTEND: ( ) Day Division OR ( ) Continuing Education Division

ANTICIPATED DATE OF GRADUATION: Semester \_\_\_\_\_ Year \_\_\_\_\_

### LIST OTHER COLLEGES YOU ATTENDED AFTER LEAVING FRAMINGHAM STATE COLLEGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Official Transcripts from these colleges must be*

*forwarded directly to.*

**Office of the Registrar**

**Framingham State College**

**100 State Street, PO Box 9101**

**Framingham, MA 01701-9101**

*If you are applying for Financial Aid, you must also request to have your Financial Aid transcripts forwarded to the Financial Aid Office at Framingham State College.*

### PREVIOUS DATES OF ATTENDANCE AT FRAMINGHAM STATE COLLEGE:

Day Division: from \_\_\_\_\_ to \_\_\_\_\_  
Continuing Education Division: from \_\_\_\_\_ to \_\_\_\_\_

REASON FOR PRIOR WITHDRAWAL: ( ) Academic Suspension (refer to Academic Regulations of the College Catalog)  
( ) Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_