OAKWOOD UNIVERSITY

RETURNING STUDENT APPLICATION

Please indicate the semester you are applying for:　☐ Fall 20_____　☐ Spring 20_____　☐ Summer 20_____

I, _____, _____ _____ (_____),
　　　　　Last Name　　　　　　　　　　　First Name　　　　　　　M. I.　　　　　　Maiden Name

Social Security # _____　Date of Birth _____

Major _____ Minor _____

am applying for readmission to Oakwood University, and hereby request that your decision and registration information be sent to me as indicated below:

Street Address _____ Contact Phone _____

City _____ State _____ Zip Code _____ Country _____

Personal E-mail _____

Last School Attended: _____ **Year/Term** _____

Address (if not Oakwood): _____

City _____ State _____ Zip Code_____ Country _____

Contact Name _____ Contact Phone _____

NOTE: You must have all transcripts from previously attended school sent to the Registrar's Office before you can register for classes at Oakwood University.

Please Check All That Apply

☐ Male　☐ Female　☐ U.S. Citizen　☐ Permanent Resident　☐ International

I understand that in order for me to be readmitted to Oakwood University, I must be in good standing with the University. I understand that conditions such as financial, academic, or immunization holds must be resolved before I am readmitted. I further understand that I will not be allowed to register for classes until all transcripts from previously attended schools are received by the Registrar's Office.

Student Signature _____　Date _____

Electronic signature accepted. Please e-mail or fax.

COMMITTEE ACTION:

Student ID# _____ Classification _____ Academic GPA _____ Citizenship _____

Holds _____ Approved for _____ hours　**Processed** _____