

## Application for Readmission College of Arts and Sciences

**Please return your completed application to:**  
 Registrar's Office  
 Willamette University  
 900 State Street  
 Salem, OR 97301

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred phone \_\_\_\_\_

Email \_\_\_\_\_ ID or Social Security Number \_\_\_\_\_

I am applying for readmission for: *(check one)*

- Fall Semester      Year \_\_\_\_\_  
 Spring Semester

My last semester at Willamette University was: *(check one)*

- Fall Semester      Year \_\_\_\_\_  
 Spring Semester

Anticipated Major \_\_\_\_\_

I wish to return:

- Full-time     Part-time

I am seeking a degree:

- Yes       No

If you have attended any other colleges or universities since leaving Willamette, list the school name(s) and dates of attendance below. Official transcripts of **all** college work completed since your enrollment at Willamette **must be sent** to the university registrar before your application for readmission will be considered.

Institution	Dates of Attendance	GPA

Please answer the following questions on a separate sheet, and attach it to this application:

- What have you been doing since you were last enrolled at Willamette University?
- Why do you wish to return to Willamette?

I certify that to the best of my knowledge, the information given in this application is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY	DATE	SIGNATURE
Business Office		
Registrar		
Campus Life		
Department Chair/Associate Dean (if applicable)		