

RE-ADMIT APPLICANT QUESTIONNAIRE

Lincoln University regulations require that ALL re-admit applicants complete this questionnaire and return it to the Office of Graduate Admissions.

Application for Re-Admissions for the semester beginning: _____

1. Name: _____
(Last) (First) (Middle) (Title)

Social Security #: _____ - _____ - _____

2. Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

3. Telephone Number: Home: (_____) _____ Cell: (_____) _____

Work: (_____) _____ Email: _____

4. Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please submit a current resume with this re-admit application.)

5. Classification when you last attended Lincoln University: _____

6. Last semester you attended Lincoln University: _____

7. For what reason(s) did you leave Lincoln University: _____

8. Have you ever been on academic suspension or probation while attending Lincoln University?

Yes _____ No _____

9. Were you ever dismissed from Lincoln University for disciplinary reasons? Yes _____ No _____

Date: _____ Reason(s): _____

Date: _____ Reason(s): _____

10. Have you attended any other college since leaving Lincoln University: Yes _____ No _____

If yes, list the institution(s) you have attended and date of attendance:

Institution(s):

Location:

Dates:

11. Have you requested the Registrar of the above institution(s) to forward a copy of your official transcript to Lincoln University: Yes _____ No _____

If yes, date request was made: _____

12. Were you ever dismissed from the above institution(s) for academic reason(s)? Yes _____ No _____

If yes, please list the institution(s) and reason(s) for dismissal:

Institution(s):

Location:

Dates:

13. If you have not attended any other school since leaving Lincoln University, what have you been doing between the time you left Lincoln University and now?

14. Are you financially able to meet the expenses of the coming semester at Lincoln University:

Yes _____ No _____

If no, have you applied for financial aid? Yes _____, I have applied for financial aid.

No _____, I will not apply for financial aid.

15. What is your major subject, and who is your faculty advisor?

Major Subject: _____

Faculty Advisor: _____

16. Can you add anything, which would strengthen your request for re-admission to Lincoln University?

I hereby certify that all the above information is correct and I am aware that any incorrect or withheld information could result in the withdrawal of re-admission or expulsion from the college. (All questions must be answered fully.) If this questionnaire is not completed fully it could delay re-admission or forfeit your opportunity to return.

Date: _____

Signature: _____

Student Data Form

Please Print

1. Term for which you would like to be re-admitted: _____

2. Social Security Number: _____

3. Name: _____
(Last) (First) (Middle)

4. Mailing Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

5. Telephone Number: Home: (_____) _____ Work: (_____) _____
Cell: (_____) _____ Email: _____

6. Sex: Male _____ Female: _____

7. Birthdate: _____
(Month) (Day) (Year)

8. Ethnic Group: Black _____ Hispanic _____ White _____ Other _____

9. Are you a United States Citizen: Yes _____ No _____

If no, please state country of citizenship and visa type:

(Country) (Visa Type)

10. Intended Major: _____

11. High School Name: _____