PAINE COLLEGE
OFFICE OF THE REGISTRAR
1235 15TH STREET
AUGUSTA, GA 30901
Phone: 706 821-8311
Fax 706 821-8398

APPLICATION FOR RE-ADMISSION

APPLICATION DEADLINES: FALL – August 1st; SPRING – December 1st; SUMMER – June 1st

RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE

Applying for:_____ _____
Semester Year Campus: Main ___ Ft. Gordon ___

Please Print:

NAME: _____ SSN: _____ - _____ - _____ ID#_____
First Last MI

ADDRESS:_____
Street, Apt. # City State Zip

TELEPHONE: (____)_____

Semester/Year last enrolled at Paine College:_____ MAJOR:_____

Reason you left Paine __Academic (Probation, *Suspension, etc.) ___Disciplinary __Other_____
Specify

***Students who have been suspended or dismissed (if they have not attended another college) must submit along with this application a letter to the Admissions Committee explaining what they have been doing since they left Paine and why they feel they should be readmitted.**

List all colleges attended since last attending Paine: _____ _____

_____ _____ **[All transcripts from other institutions must be submitted to the Registrar's Office prior to acceptance].**

SIGNATURE:_____ DATE:_____

OFFICE USE ONLY

Hours: _____ **GPA:**_____ If suspended or dismissed, has deficiency been rectified? Yes____ No____

Approved: _____ **Not approved:** (If not approved, give reason(s) below)

_____
_____
_____

Comments:_____
_____
_____

Registrar's Office
Updated: 03/23/2005