

Application for Readmission

Mail or fax the completed application with accompanying documents to: Office of the Registrar • ACU Box 29141, Abilene, TX 79699-9141 Phone: 325-674-2300, 877-595-7451 • Fax: 325-674-2238

Please complete the application below and enclose the following documents:

- Official transcripts from all institutions attended since last enrolled at ACU.
- A statement clarifying your academic history and explaining your purpose for readmission.

Complete instructions and deadline dates	can be found at www.acu.edu/campus	offices/registrar/readmission.html.
Student ID No.	Semester applying for readmission	
Name		
Years attended ACU (list all years)		
Were you on academic probation when you	left? □ Yes □ No	Academic suspension? □ Yes □ No
Were you on probation or suspension for di	sciplinary reasons? □ Yes □ No	
Have you attended any other college(s) since	re attending ACU? □ Yes □ No	Where and when? (answer below)
Have you ever been dismissed/placed on pr	obation for academic or disciplinary rea	sons at another college or university? □ Yes □ No
Have you ever been arrested or convicted o misdemeanors)? \square Yes \square No \square If Yes, p	· · · · · · · · · · · · · · · · · · ·	C
Are you eligible for Veteran's Benefits?	Yes □ No Have you contacted ACU	I's Veteran's representative? \Box Yes \Box No
Permanent address		
City	State	ZIP
□ Male □ Female Date of birth	Email address	
Classification	_ Major at time of last enrollment _	
Preferred Phone	Planned major if readmitted	
	Are you seeking a second undergraduate degree? □ Yes □ No	
Important information:		
;	ites that you are eligible to return to ved, could prevent you from register	ACU. It does not address holds that may be ring for classes.
 If approval is granted for you to be Student Success to help you achie 	-	you may be required to take a course through
<u></u>		
Student Signature		Date

Please enter a statement below, clarifying your academic history and explaining your purpose for readmission.