

MORRIS COLLEGE
100 West College Street
Sumter, South Carolina 29150

APPLICATION FOR READMISSION

DIRECTIONS: Applicants for readmission must complete all items on this form in ink and submit it to the Office of Admissions and Records, Morris College, Sumter, South Carolina 29150.

Name _____
(Last Name) (First Name) (Middle or Maiden Name) (Social Security Number)

Address _____

(City) (State) (Zip Code) (Telephone#)

Emergency Contact _____
(Full Name) (Address) (Telephone #)

Request to readmit to _____ Degree Program

____ Check here if you expect to receive educational benefits from the Veterans Administration.

____ Check here if you plan to live on campus.

When were you last in attendance at Morris College: _____ Classification _____
Month Year

Reason for your leaving? _____

Why do you wish to return? _____

Employment:

Place of Employment	Date(s) of Employment (Please include month & year)
_____	_____
_____	_____

College:

Name of College(s)	Date(s) of Attendance
_____	_____
_____	_____

Requested college transcript? ____ Yes ____ No

Periods of Non-employment:

Date(s)

Indicate the Semester or Summer Session for which you are applying:
() Fall 20____; () Spring 20____; () 1st Summer Session 20____; () 2nd Summer Session 20____.

I hereby make application for readmission to Morris College for the school term indicated above under the terms and conditions, financial and otherwise, set forth in the applicable catalog of the college. I understand that I am expected to meet all of the graduation requirements in effect at the time of my re-entry.

Date: _____ Signature _____