

Office of Enrollment Management & the Registrar
Curry College
Milton Ma 02186
APPLICATION FOR RE-ADMISSION

Name _____
Phone No. _____

Last 4 Digits Soc. Sec.# _____
Curry ID# _____

Home Address _____

Requested date of re-entry: _____ Previous attendance dates at Curry: _____ To _____

Intended Major: _____

Office use only:	Department _____ (list department or N/A)	Management status: _____	Date sent _____	Date Received _____	Department approval: Yes <input type="radio"/> No <input type="radio"/>
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Resident ☐ Commuter ☐ Do you require PAL support? Yes ☐ No ☐
Full-time ☐ Part-time ☐ Are you applying for financial aid? Yes ☐ No ☐

Reason(s) for Leaving:

College(s) attended since Curry (an official transcript must be sent here by each college listed):

1) _____ 3) _____
2) _____ 4) _____

Briefly summarize your activities (school, employment, travel, etc.) since leaving Curry and indicate why you think it is appropriate for you to resume your attendance at Curry at this time. (If necessary, attach a separate sheet.)

Signature _____ Date _____

Office use only: Date Received from applicant: _____			
Earned credits: _____ GPA: _____ Academic Standing: _____			
Financial Status: _____		Verified by: _____	
Student Financial Services: Yes <input type="radio"/> No <input type="radio"/>			
Student Affairs Status: _____		Verified by: _____	
Student Affairs: Yes <input type="radio"/> No <input type="radio"/>			
Recommendation of Residence Life: _____		Verified by: _____	
Resident Life: Yes <input type="radio"/> No <input type="radio"/>			
Recommendation of Registrar: _____			
Signature: _____		Date: _____	