

Elizabethtown College Application for Readmission

Please complete all sections of this application and return it to the Registration & Records office. Can be mailed, faxed (717-361-1427), or sent electronically (regandrec@etown.edu).

Legal Name:						
Last First Permanent home address:			Middle			
			mail address:			
	rent phone #: E-mail address: ial Security #: OR Etown Student ID #					
200141 20041109			, 22 200 WH 2000			
For which seme	ester/year are you	applying for readmissio	on?		_	
Will you be:	☐ Full-time (1	12-18 credit hours)	Part-ti	ime (11 or fewer cre	edit hours)	
		ampus housing (not guar mic accommodations ple		Yes Director of Disabil	☐ No ity Services).	
Will you be a candidate for financial aid?				☐ Yes	□ No	
When did you a	attend Elizabethto	own College? From:		To:		
		leaving Elizabethtown (xplain)				
b. Financi	al reason: (briefly	explain)				
c. Academ	nic reason*: (brief	fly explain)				
d. Persona	l or Other reason	: (briefly explain)				
If yes, you mus	st petition the AS	n of the Academic Stan SC, by letter, for readment doing since leaving t	nission.	_	No 🗌	
If yes, which co	ollege?	lege or university since l	How ma	any credits earned?	No	
		thing other than a minor h an explanation.	traffic violation	n?] No	
Is there anythin	g else that should	l be considered in an eva	aluation for read	lmission to Elizabet	htown College?	
Required sign	ature indicating	that all information is o	complete, factu	ual and honestly pr	esented.	
Signatura:				Datas		