



3001 Mercer University Drive • Atlanta, Georgia 30341-4155  
(678) 547-6263 • FAX (678) 547-6137

### APPLICATION FOR READMISSION

The Application for Readmission must be submitted to the Registrar's Office if student has been absent for more than one calendar year.

Students who wish to change degree programs or majors should not use this form.

Year to Readmit: \_\_\_\_\_ Term to Readmit:  Fall  Spring  Summer

Indicate what month/year you plan to complete your degree or certification: \_\_\_\_\_

Name: \_\_\_\_\_ Mercer ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mercer Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

Additional Information. Please respond to both questions 1 and 2:

1) Are you Hispanic of Latino?  Yes  No

2) Check one or more of the following:

American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

#### PROVIDE INFORMATION FROM PREVIOUS ENROLLMENT:

Last enrolled: \_\_\_\_\_ term/year \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

List institutions attended since previously enrolled at Mercer (official transcripts must be received from all institutions before readmission can be processed):

\_\_\_\_\_

Dean's Office approval required for degree change or if GPA is less than 2.0-undergraduate/3.0-graduate student.

Approval to readmit:

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request readmission to Mercer University for the above stated term and understand that readmission is contingent on required approvals and the receipt of any outstanding transcripts.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><i>FOR OFFICE USE ONLY:</i> Received date: _____ by: _____ CUM GPA: _____ Readmission approved: SIS updated: _____ Notes: Holds: _____</p>
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