SOCIAL SECURITY NUMBER

Georgia Baptist College Of Nursing of Mercer University

Reactivation Application

All items must be completed in order to reactivate your application

1. The **semester/year** of your original application:

2. The **semester/year** you now wish to be considered:

3. _____ (_____)
FIRST **MIDDLE/MAIDEN** **LAST** **PREFERRED**

. _____ _____
ADDRESS **CITY** **STATE** **ZIP**

PHONE NUMBERS: **HOME** (_____) _____ **CELL** (_____) _____

EMAIL ADDRESS _____

4. Have you attended or do you plan to attend any school(s) since you **last applied**?

5. If you answered yes to number 4, please complete the following:

NAME OF SCHOOL	**COURSES**	**DATES/TERMS ATTENDED**
_____	_____	_____
_____	_____	_____

6. Have you ever been in disciplinary difficulty in high school or college?
_____ Yes _____ No (*If yes, attach explanation*)

7. Have you ever been found guilty of a violation of a federal, state, or municipal law regulation ordinance other than a minor traffic violation?
_____ Yes _____ No (*If yes, attach explanation*)

8. Have you been employed since you first applied:

(If so, please complete the following.)

EMPLOYER	**POSITION**	**DATES EMPLOYED**
_____	_____	

I certify that the information given in this reactivation application is accurate and complete.

Signature _____ ***Date*** _____

Return form to: Georgia Baptist College of Nursing of Mercer University
Office of Admissions
3001 Mercer University Drive
Atlanta, GA 30341
(678) 547-6700
FAX (678) 547-6794 nursing.mercer.edu