



Regional Academic Centers • Office of the Registrar • 1330 Edgewood Ave • Macon, GA 31207
Phone (478) 547-6030 • (478) 301-5400 • (800) 548-7115 • Fax (478) 301 - 5421

**APPLICATION FOR READMISSION
or Intra-University Program Change**

The Application must be submitted to the Office of the Registrar at the above address.

You must provide proof of immunization directly to Mercer Health System if it is not already on file.

Readmit or Program Change for: Fall, 20 _____ Spring, 20 _____ Summer, 20 _____

Name: _____ **ID/SSN:** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Mercer Email: _____ **Cell Phone:** _____

Additional Email: _____

Optional information. Respond to both questions 1 and 2: 1. Are you Hispanic or 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

INFORMATION FROM PREVIOUS ENROLLMENT:

Last enrolled Term: _____ **Year** _____ **Date of Birth (if last enrolled prior to fall 1987):** _____

College: Liberal Arts Business Education Engineering Music Continuing & Professional Studies

Degree: _____ **Major:** _____ **Minor:** _____

I am readmitting to above program. **OR** I am entering a new program as listed below:

Students who wish to change program of study from that of previous enrollment must complete this section.

Change program to: Business Education Continuing & Professional Studies

Degree: _____ **Major:** _____

New Campus, if applicable: _____

Department Signature: _____ **Advisor assigned:** _____

Minor: _____ **Department Signature:** _____

Dean/Associate Dean's signature of approval required for readmission or program change:

Signature: _____ **Date:** _____

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

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

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: BearPort PIN: ok as is Changed and student notified _____

Received by: _____ **SIS Updated:** _____ **Address Changed:** _____

Immunization: _____ **Registration Hold:** _____ **Letter to applicant sent:** _____