



REQUEST FOR RE-ADMISSION

Name _____ Date _____

Last 4 digits of Social Security Number _____ IU Student ID # (if known) _____

Name when last attended (if different from above) _____

Mailing address _____

Email address _____ Phone number _____

- In what semester do you want to begin your studies?
- What degree do you intend to pursue? (please select one)
IMPORTANT NOTE: some of these programs are competitive and therefore admission is not guaranteed. If there's not a place for you in your chosen program, we will work with you to see what other programs might be more appropriate for you.

College of Arts and Sciences (COAS)

College of Health and Human Sciences (CHHS)

School of Business and Economics (SOBE)

School of Public & Environmental Affairs

School of Education (SOE)

Department of Labor Studies

- Please indicate ALL colleges or universities that you have attended since last attending IU Northwest:

Name of Institution	Dates of attendance

- Have you ever been subject to formal disciplinary action for non-academic reasons at any college, or university?
 Yes _____ No _____
- Have you ever been convicted of a sexual misconduct misdemeanor? Yes _____ No _____
- Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes _____ No _____
- If you answered YES to question #4, #5 or #6, please explain the charge(s), including dates and the outcome, below:

I certify that all statements on this application are correct and complete, including the list of schools attended. I understand that withholding information requested on this application or giving false information constitutes grounds for immediate withdrawal of my application from further consideration and cancellation of my admission and/or registration. I understand that providing false information could also impact the classification of tuition residency status for fee-paying purposes and scholarship eligibility. Signature _____ Date _____

=====INTERNAL USE ONLY=====

NCH (Admissions) _____ Residence Classification (Registrar) _____

Academic Unit: ___ Admit & assign advisor ___ Deny ___ Refer to (indicate program) _____

RESIDENCE CLASSIFICATION FOR FEE-PAYING PURPOSES AT INDIANA UNIVERSITY

Students returning to IU after an absence of twelve or more consecutive months must complete this form in order to clarify their residence status.

REGISTRATION SEMESTER/YEAR: _____ **UNIV ID:** _____

NAME: _____ **DATE OF BIRTH:** _____

VISA STATUS (NON-U.S. CITIZENS ONLY): _____ **MILITARY TAX WITHHOLDING STATE:** _____
 (from leave and earnings statement)

Residential Addresses FOR THE PAST 2 YEARS:					
Dates (month/year)		Street	City	State	Zip
From	To				

Names and Addresses of Employers FOR THE PAST 2 YEARS:					
Dates (month/year)		Employer	City	State	Full or Part-time
From	To				

Colleges and Universities attended FOR THE PAST 2 YEARS (include I.U.):					
Dates (month/year)		Institution	City	State	Degree
From	To				

STUDENT'S SIGNATURE

DATE

IF YOU ARE UNDER 21, SUPPLY THE FOLLOWING INFORMATION:
Parent's Name:
Parent's Address (Street):
(City and State) :

FOR OFFICE USE ONLY:
Residence Classification:
Classifier's Initials:
Date: