



# INDIANA UNIVERSITY NORTHWEST

## 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 \_\_\_\_\_

1. In what semester do you want to begin your studies? Semester \_\_\_\_\_ Year \_\_\_\_\_

2. 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)

Not Applicable

Not Applicable

School of Business and Economics (SOBE)

School of Public & Environmental Affairs

Not Applicable

Not Applicable

School of Education (SOE)

Department of Labor Studies

Not Applicable

Not Applicable

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

Name of Institution	Dates of attendance

4. Have you ever been subject to formal disciplinary action for non-academic reasons at any college, or university?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you ever been convicted of a sexual misconduct misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes \_\_\_\_\_ No \_\_\_\_\_

7. 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) From                      To		Street	City	State	Zip

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

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

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

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

<b>FOR OFFICE USE ONLY:</b>
Residence Classification:
Classifier's Initials:
Date: