

# SIMPSON COLLEGE

701 North C Street | Indianola, Iowa 50125

For office use only:

Business Office  Approved  Denied Date: \_\_\_\_\_ By: \_\_\_\_\_

Perkins Loan Office  Approved  Denied Date: \_\_\_\_\_ By: \_\_\_\_\_

Advisor Initials: \_\_\_\_\_ Date Matriculation PD: \_\_\_\_\_

## READMISSION FORM

*This form is for use by students who are interested in re-admitting to Simpson College in the same program they were in when they left Simpson. If you are a Simpson alumnus seeking initial admission into a post-baccalaureate or graduate program, you will need to complete that program's full application for admission.*

### Personal Information (do not use initials)

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Date</i>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<i>Preferred Name</i>	<i>Alternate Name(s) (i.e. Maiden)</i>	<i>Gender</i>
_____		
<i>Address Line</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____
<i>Cell Number</i>	<i>Preferred Number (please check)</i> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<i>Email</i>
_____	_____	_____
<i>Date of Birth (MM/DD/YYYY)</i>	<i>Social Security Number</i>	<i>Simpson Student ID (if known)</i>

### Previous Dates of Attendance

### Reason for Leaving Simpson

**Intentions** for the \_\_\_\_\_ Term, \_\_\_\_\_ Year (Please note that in order to complete the full readmission process, you must be approved and enroll in a class within three months of the start of this readmission process. If this process is not completed at that time and you still wish to readmit, you will need to begin the process again.)

I plan to enroll:  Full Time  Part Time (check one) |  I will require on campus housing.  I will commute to campus. (check one)

I am returning to **complete** one of the academic programs listed here (please check off and note your academic program when you left Simpson):

- a Bachelor's Degree with a major in \_\_\_\_\_
- a Post-baccalaureate Certificate in \_\_\_\_\_
- a Teaching License or Additional Endorsement in \_\_\_\_\_
- a Master's Degree in \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

My new anticipated completion date will be: \_\_\_\_\_

### Additional Information (please use the back of this form or attach any additional documents [e.g. résumé], if necessary, in answering the following questions)

- Have you contacted the Simpson College Business Office?  Yes  No  
Students seeking readmission need to clear all previous financial obligations to the College prior to reenrollment. If you have not, you must call the Business Office at 1/800-362-2454 to determine the status of your student account.
- List any colleges attended since leaving Simpson. Arrange to have final, official transcripts sent to our Registrar's Office.  
\_\_\_\_\_
- Using the back of this form, provide any additional information to be considered concerning readmission. If you left the College for medical or academic reasons, please explain your current situation and why you feel you are ready to return to Simpson.

I certify that the information given here is correct and complete. I have read and/or am familiar with the Simpson College catalog in effect at the time of readmission and the academic and social regulations contained therein, and accept these as appropriate for guiding my future relationship with Simpson College.

\_\_\_\_\_

*Full Name* *Signature* *Date*