



640 Dr. Mary McLeod Bethune Boulevard
Daytona Beach, FL 32114-3009
Phone: (386) 481-2525 / Fax: (386) 481-2550

RE-ADMISSION APPLICATION

APPLICATION PROCEDURES: If you have not attended Bethune-Cookman University for two or more semesters, a non-refundable fee of \$25.00 must accompany this application. If you have not attended Bethune-Cookman University for one semester, complete the application and forward it to the Office of the Registrar at the above address. Any important omission or falsification in this application will be deemed sufficient cause for the cancellation of re-admission status and/or registration.

STUDENT INFORMATION

Name under which you were formerly registered:

Last	First	Middle	Maiden	
Number & Street	City	State	Zip	County
Province	Country			

PERMANENT ADDRESS

City	State	Zip	County
Province	Country		

Home Phone: (____) _____ Business Phone: (____) _____

Emergency Phone: (____) _____ Email Address: _____

/ /	Birthplace	Religion	U.S. Social Security #
Date of Birth			

GENDER: Male Female MARITAL STATUS: Single Married

U.S. Citizen & Resident Alien: (Ethnic Origin) Am. Indian/Alask. Native Asian/Pacific Islander
 Black, non-Hispanic Hispanic White, non-Hispanic Other race/ethnicity

Non-U.S. Citizen/International Students: Country of birth/Nationality _____

I will need a student Visa

*Last Semester Attended: _____ Year _____

**NOTE: For persons who have been out of school for ten (10) years or more, you will be required to submit an examination report from your physician.*

Reason(s) for Leaving: Academic Discipline Financial Illness
 Other (specify) _____

When do you wish to re-enter? Semester _____ Year _____

Do you plan to graduate from Bethune-Cookman University? Yes No

What is your intended major? _____

ACADEMIC INFORMATION

List chronologically, all colleges and universities that you have enrolled in for credit, beginning with the most recent. *Please note: You must request that your official transcripts be sent to the Office of the Registrar. Official transcripts must be received in a sealed envelope in order to be evaluated and processed.*

Institution and Location

Dates of Attendance

Institution and Location	Dates of Attendance
_____	_____
_____	_____
_____	_____

If you have been under academic or administrative dismissal, the Re-Admissions Committee requires that this application be accompanied by a statement that indicates why you believe that you can now complete work towards a degree. Please use the space provided below:

The above answers are true and complete to the best of my knowledge. If re-admitted, I agree to abide by all of the regulations of Bethune-Cookman University.

Signature of Student

Date

Bethune-Cookman University admits qualified students of any race, color, sex, handicap, age, religion, national origin, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, color, religion, sex, disability, national origin or ethnic origin in the administration of its educational policies, admissions policies, scholarship or loan programs, or other university-administered programs. The University is authorized under Federal law to enroll nonimmigrant students.

THE UNIVERSITY RESERVES THE RIGHT TO REJECT THE APPLICATION OF ANY CANDIDATE OR CANCEL THE ACCEPTANCE OF ANY STUDENT AT ANYTIME.

Revised: 6/4/2008