

APPLICATION FOR READMISSION

Local: 865.981.8028

Fax: 865.273.8881

Maryville, Tennessee 37804-5907

maryvillecollege.edu

Complete this application, along with all required materials, and return to the Office of the Registrar. No action on reinstatement can be taken by the Committee on Advanced Standing until all required materials have been received.

Required Application Materials:

- 1. Application for Readmission form, properly completed.
- 2. Official transcript(s) of all work completed since leaving Maryville College.
- 3. If the withdrawal was for medical reasons, a letter from a treating physician, psychologist or counselor indicating applicant is ready to return to the College.
- 4. If applicant was employed as a requirement for readmission, a letter from each supervisor indicating applicant's responsibilities, weeks/hours employed, and level of performance.
- 5. Any other materials required to fulfill specific expectations established in applicant's withdrawal from Maryville College.

PERSONA	L INFORMATION	ON				
Name						
A -1-1	Last	First	Middl	e/Maiden	Preferred Preferred	
Address	Street		County		Social Security Number	
	City		State	Zip Code	Home Phone ()	
Email	City				Alternate Phone ()	
		ce:		☐ Single	☐ Married Veteran? Country of Birth	
Regardless of Ame Enro Asian	your answer to the prican Indian/Alaskan	Hispanic or Latino (including prior question, please select of Native (including all original of If yes, please enter Tribal Eubcontinent & Phillipines) acific Islander	one or more of the fo Peoples of the Ameri Enrollment Number _ Blace	cas)	can (including Africa & Caribbea	ın)
When did yo	TION INFORMA u last attend Maryv u plan to enroll?	ille College?	ng, 20	Summer, 20		
Will you be a	(check all that app to apply for financia	al aid? 🗌 Yes 🗎 No			me yville College (003505) to recei	ive results.
List all colleg	es or universities at	tended since last enrollmer	nt at Maryville Colleg City/State	e:	Dates Att	ended
If you have b Employer/Bra		nlisted in a branch of the mi City/State	ilitary service, list info		s Employed/Served	PT or FT



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FOR OFFICE USE ONLY

OSD Official _____ Date ____

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517	ATEMENT	OF	APPEAL	FOR	KEAL	NOISSIUN

In the space provided, describe the problems that lead to your withdrawal from the College, what you have been doing to address those problems since leaving, and if you are returning from a period of suspension, why you believe you can now excel academically, and what you plan to do differently in order to succeed. Please be candid and provide specific information.

Every statement herein is correct to the best of my knowledge. I realize that misrepresentation of any state subsequent dismissal and forfeiture of all fees paid to Maryville College. I understand the applicant is responsible of the Registrar, Maryville College, Maryville, TN 37804-5907.	,
f accepted, I agree to abide by the rules and regulations of Maryville College, including those stated in t Handbook. All applications and academic records are reviewed prior to enrollment; the College reserves the type of acceptance as determined appropriate.	, , , , , , , , , , , , , , , , , , , ,
Signature of Applicant	Date
- Since and Sinc	Date
PLEASE NOTE: Maryville College does not discriminate on the basis of race, color, gender, ethnic or national disability, or political beliefs in its admission procedures and educational programs. At Maryville College we provide to us will be used solely for admissions purposes.	al origin, religion, sexual orientation, age,

All information must be sent to: Office of the Registrar, Maryville College, 502 E. Lamar Alexander Pkwy., Maryville, TN 37804-5907

RO

FAO Official _____ Date ____

Official _____ Date ___