

OFFICE OF ADMISSIONS 5000 Deer Park Drive SE Salem, Oregon 97317-9392 503.375.7005 | 503.585.4316 fax admissions@corban.edu

# Application For Re-Admission

## Who Must Apply For Re-Admission

If you formerly attended Corban and then did not attend for one semester or more, you must follow the procedure described below in order to be considered for re-admission.

## Instructions

To apply for re-admission to Corban University

- 1. Complete this form and submit to the Admissions Office with a \$10 non-refundable application fee.
- 2. Ask your pastor to complete the attached Christian Character Reference form and return it to Corban.
- 3. Have official academic transcripts sent from any institutions attended since leaving.
- 4. If you will need financial assistance, complete the Free Application for Federal Student Aid.

#### **Please Print**

Semester applying for	Fall 20	Spring 20			
Legal Name		First		Middle	
Address					
City					
Permanent Address (only if diff	erent from above)				
Home Phone ()		(	Cell ()		
SS#		Date of Bi	•th		
Email					
Marital Status: 🔲 Sin	gle 🛛 Marri	ed Divorced	Gender:	☐ Male	☐ Female
Name of spouse if married.			Maiden Name		
Last Attended Corban			Academic Advi	sor	
What is your major field of	study?	D	o you plan to live in th	ne residence hall	? 🛛 Yes 🔲 No
Have you ever been suspen	ded or placed on a	cademic or disciplinary	probation?	es 🛛 No	
If so, when?					
What degree will you purs	ue? 🔲 A.A.	B.S. Th.B.	Other		
How long do you plan to at	tend Corban?				
How are your financial nee	ds to be met as a st	udent?			
Has your student account b	een paid in full fro	m last term of attendand	e?		
Please tell us why you took					
	<u> </u>	*			

# **Personal Information**

Family information is not required if living independently.

Name of Father or Legal Guardian	Living? Yes No	Name of Mother or Legal Guardian	Living? Yes No
Address (Number and Street)	Phone	Address (Number and Street)	Phone
City	State Zip	City	State Zip

If your parents are deceased, separated, or divorced, you may want Corban communications that are usually sent to a parent to be sent to another individual. Please provide the name, address, and relationship of this person(s).

Name	_ Relationship
Address	

## **Educational Information**

Please list and request transcripts from any other colleges/universities you have attended since last enrolled at Corban

 Quarter	Semester
 Quarter	Semester
 Quarter	Semester

# **Activity Information**

Please list activities, employment, Christian service, military service, and extensive travel since last enrolled at Corban.

Name of church regularly attended		
Church Address	_Phone ()	
Pastor's Name	Phone ()	
I certify that all information on this application is correct to the best of my knowledge.		
Signature	Date	