APPLICATION FOR REACTIVATION

(Use this application if you were admitted but did not attend.)

___ Fall Term (Classes begin in late August)
___ Winter Term (Classes begin in January)
___ Spring Term (Classes begin in February)

Name: _____
last first middle social security number

If any of your records are listed under another name, please indicate it here _____

Address: _____
number and street city state zip code

E-mail: _____ Telephone: (_____)_____

Date of Birth:_____Cell Phone: (_____)_____
Month day year

List in order of attendance all other colleges and universities attended:

Dates of attendance (month/year)	College or University	City/State
____/____ to ____/____	_____	
____/____ to ____/____	_____	
____/____ to ____/____	_____	

If you are currently registered at an institution other than Converse, when will your term prior to enrollment at Converse be completed?

_____

Intended Major (If uncertain, indicate "undeclared."):

This application must be signed by the applicant and is not valid if information is withheld or if misinformation is given.

If admitted, the applicant agrees to comply with all the rules and regulations of the university.

Date of application_____Signature_____

Thank you for your application. Return this application to the Admission Office at Converse College

Mail it or drop it off at:
Converse College
Admissions Office
Wilson Hall
580 E. Main Street
Spartanburg, SC 29302

Fax it to:
864-596-9225
Attn: Admissions

Contact us at:
864-596-9040
admissions@converse.edu

If you have attended other schools since first applying, you must submit official transcripts of completed coursework to complete your application.