

CONVERSE COLLEGE
APPLICATION FOR RE-ADMISSION

FULL NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

TELEPHONE: _____ **SSN#:** _____

DATE OF BIRTH: _____ **CITIZENSHIP:** _____

SEMESTER/YEAR WANTING TO ENROLL (circle): Fall Winter Spring Summer _____
(YEAR)

INTENDED MAJOR: _____ **BOARDING/DAY** _____

LAST SEMESTER AND YEAR ENROLLED AT CONVERSE _____

MAJOR WHEN LAST ENROLLED AT CONVERSE _____

REASON FOR LEAVING CONVERSE:

COLLEGE OR UNIVERSITIES ATTENDED SINCE LEAVING CONVERSE:

NAME	CITY, STATE	DATES ATTENDED
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Have each college send an official copy of your transcript to the Office of Undergraduate Admissions at Converse

Explain why you wish to return to Converse:

In signing this application, I am stating that I wish to return to Converse to earn a degree, and I agree to accept the rules and regulations set forth in the catalog of Converse College and to uphold the honor tradition.

(Date) (Signature)

Please send this application to:

Converse College
Office of Admissions
580 East Main Street
Spartanburg, SC 29302
(800) 766-1125
(800) 596-9040
FAX: (864) 596-9225