



CONCORDIA
UNIVERSITY
CHICAGO

Readmission Application
Student Services

7400 Augusta St, River Forest, IL 60305
Phone: 708-209-3005 Fax: 708-209-3176

This READMISSION APPLICATION form is for all undergraduate programs.

Application is to be received at least 7 days prior to the registration date for the semester you desire re-entry. (Return completed form to Student Services at the above address or by fax.) All signatures are required before admission form can be processed.

First Name, Middle Name, Last Name

Student ID Number (Do not give your social security number)

Address

Street

City/State

ZIP

Phone Numbers (Home, Work, Cell, etc.)

email address

Last semester and year you attended Concordia: _____

Program/Major/Minor if readmitted (ex. Elem. Ed./History/English): _____

Returning semester: Fall Spring Summer Year _____
(Failure to return for the above semester and year will cause an automatic withdrawal.)

Academic history since leaving Concordia (Transcripts must be submitted to the Registrar's Office for all colleges/universities attended.):

College/University

City, State

College/University

City, State

Professional experience since leaving Concordia:

Employer

Position

Employer

Position

Please indicate interim activity and evidence of growth in personal maturity and capacity for further academic work. (What have you been doing since you last attended and why are you choosing to return now?)

Signature _____ Date _____

For Office Use Only:

Business Services _____ Date _____

Perkins Loan _____ Loan? Y N Amt.? _____ Date _____

Dean of Students/COMP _____ Date _____

Registrar _____ Date _____

Do not use this form if the student will not attend classes here to meet graduation requirements (i.e. correspondence class, transfer credits from other school, etc.).