BRIDGEWATER
STATE UNIVERSITY

Undergraduate Application for Reinstatement/Readmission

This application is required of all undergraduate students who have not taken a course at Bridgewater State College for one or more semesters and now wish to re-enroll.

Semester requesting to return (circle one): Spring / Summer / Fall **2011**

Name: _____
(Last Name) (First Name) (Middle Initial)

Permanent Address: _____

City, State, Zip Code _____ **Phone #** (____) _____

Date of Birth: _____ **Email address:** _____

Name under which previously attended (if different than above): _____

Major(s): _____ **Minor(s):** _____

Concentration (if applicable): _____

Last term of attendance at Bridgewater State College (circle one): Fall / Spring / Summer **Year:** _____

Were you in good academic standing when you left Bridgewater State College? Yes ☐ No ☐
If no, you must meet the criteria outlined to you by your academic Dean upon your separation before being reconsidered for readmission.

Have you attended another institution since your last enrollment at Bridgewater State College?
Yes ☐ No ☐

If yes: Name of Institution(s): Date(s) Attended (From – To):

_____ _____

_____ _____

_____ _____

Please note: It is your responsibility to forward an official transcript from any college(s) you attended since your last enrollment at Bridgewater State College. Please be sure all transcripts are mailed in a sealed envelope addressed to the Office of Admission. **A decision on your application cannot be determined until all transcripts are received.**

I certify that the answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from Bridgewater State College.

Signature: _____ **Date:** _____