

Application for Readmission



Wells College

Please complete and return this application using ONE of the following methods:

- Mail to the Dean of Students Office using the address below
- Fax to the Dean of Students Office at (315) 364-3329
- E-mail completed application and supporting document(s) to StudentLife@wells.edu

Readmission eligibility will be determined by the Dean of Students, in consultation with the Registrar, Dean of the College, and the Business and Financial Aid offices. All decisions are final.

PERSONAL INFORMATION

NAME _____ ID # _____
first last middle initial

TERM LAST ENROLLED AT WELLS _____ TERM FOR WHICH YOU WISH TO RE-ENROLL _____

IF READMITTED, WILL YOU BE (*check one*): Residential Commuter

PERMANENT ADDRESS _____

PRESENT ADDRESS (*if different*) _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ DATE OF BIRTH _____
mm/dd/yyyy

SOCIAL SECURITY # _____ INTENDED MAJOR _____

NAME OF PARENT/GUARDIAN _____

ADDRESS OF PARENT/GUARDIAN _____

HAVE YOU been enrolled at another college/university since leaving Wells? Yes No

If yes, please complete the section below. Provide institution name(s), dates of attendance and eligibility to return. Please request that each institution send official transcripts to the Wells College Registrar's Office.

_____	_____	_____
<i>institution</i>	<i>dates attended</i>	<i>eligibility to return</i>
_____	_____	_____
<i>institution</i>	<i>dates attended</i>	<i>eligibility to return</i>
_____	_____	_____
<i>institution</i>	<i>dates attended</i>	<i>eligibility to return</i>

PLEASE DESCRIBE why you left Wells College and why you wish to re-enroll (attach additional pages as needed):

PLEASE ANSWER the following questions. If your answer to any question is "Yes," attach a separate page explaining the infraction, your reasons for leaving Wells, and your specific plan for success as a student if granted readmission.

Were you suspended from Wells for disciplinary reasons? Yes No

Were you suspended from Wells for academic reasons? Yes No

Have you ever had a court conviction of any kind other than traffic violations? Yes No

Have you ever been placed on probation, suspended, or expelled from any other institution? Yes No

BILLING INFORMATION

NAME(S) OF RESPONSIBLE PARTY _____

RELATIONSHIP _____ PHONE _____

MAILING ADDRESS _____

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FOR OFFICE USE ONLY

Date Received _____

Application is: Approved Denied for return in the following term: _____

GPA _____ Total Wells Credits _____

Signatures _____

Registrar

Director of Financial Aid

Controller

Dean of Advising