

ECKERD COLLEGE

Program for Experienced Learners

APPLICATION FOR READMISSION



Please complete and return to the Program for Experienced Learners, Eckerd College, 4200 54th Avenue South, St. Petersburg, Florida 33711; FAX: 727.864.8422; email wortmamj@eckerd.edu. If you have questions, please call [727] 864-8226. Upon readmission your degree plan may need to be revised to meet current requirements. To allow sufficient processing time, please submit this form at least three days prior to the beginning of the term in which you wish to start.

Last Name First Name Middle Name Maiden or other Name[s]

Home Address [#, Street] City State Zip Country

Home/Cell Phone Work Phone Home email address Work email address

Employer's name Job Title

Employer's Address [#, street] City State Zip

Birthdate Citizenship Social Security Number or Resident Alien Number

Gender Male Female

Re-enrolling for Fall 1 Term (August) Fall 2Term (October) Spring 1 Term (January)
 Spring 2 Term (March) Summer Term (June)

For what reason(s) did you discontinue taking classes?

List all educational institutions attended since Eckerd College:

It is the policy of Eckerd College not to discriminate on the basis of age, sex, race, creed, color, religion, disability, or national or ethnic origin in the institution's educational programs, activities, admissions or employment practices.



FOR OFFICE USE

Date Received: _____ Student ID# _____ Last Term Attended: _____

Prior Advisor: _____ New Advisor: _____

Academic Clearance: _____ Financial Clearance: _____

NOTES:

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