



RE-ADMIT APPLICATION

If you are a former student who would like to return to King's College to complete your undergraduate degree ~~and/or~~ ^, please complete this form and fax it to **(570) 208-8027** or mail it to **King's College, Center for Lifelong Learning, 133 N. River St., Wilkes-Barre, PA 18711**

Name (**Please print**): _____

Name (if different) during previous attendance: _____

Current Address: _____

Phone Number: _____

Re-admit Term and Year: _____

Major or Program: _____

Degree: _____

Student's Signature

Date

APPROVAL:

Registrar

Date

FOR OFFICE USE:

_____ Academic Standing
_____ Business Office
_____ Student Affairs
_____ Library

Cc: Financial Aid