

RE-ADMIT APPLICATION

If you are a former student who would like to return to King's College to complete your graduate degree, please complete this form and fax it to (570) 208!, \$&+ or mail it to King's College, ; fUXi UhY'8]j]g]cb, 133 N. River St., Wilkes-Barre, PA 18711

Name (Please	e print):	
Name (if diffe	erent) during previous attendance:	
Current Addr	ess:	
Phone Numb	er:	
Re-admit Ter	m and Year:	
Major or Prog	gram:	
Degree:		
-		
		Dete
	Student's Signature	Date
	Student's Signature	Date
	Student's Signature	
APPROVAL:	Student's Signature	
APPROVAL:		
APPROVAL:		Date
APPROVAL:	Registrar	
	Registrar USE:	
	Registrar USE: Academic Standing Business Office	
	Registrar USE: Academic Standing	

Cc: Financial Aid