

## **Application for Readmission**Office of the Registrar

| I AWI AP    | PLYING FOR R                  | FADMII991                           | ON IN:                  |                        |                              |  |
|-------------|-------------------------------|-------------------------------------|-------------------------|------------------------|------------------------------|--|
|             | Fall                          |                                     | Spring                  |                        | Summer                       |  |
|             | Full-time                     | ime   If part-time, number of hours |                         |                        |                              |  |
| CANDLI      | ER PROGRAM:                   |                                     |                         |                        |                              |  |
|             | MDiv                          |                                     | MRL                     |                        | MRPL                         |  |
|             | MTS                           |                                     | ThM                     |                        | DMin                         |  |
|             | ThD                           |                                     | Special, non degree     |                        | G : LID ( D GTG              |  |
| PERSON      | AL DATA:                      |                                     |                         |                        |                              |  |
| EMPLID#     |                               |                                     |                         | SOCIAL SECURITY NUMBER |                              |  |
| NAME (LAS   | ST, FIRST, MIDDLE)            |                                     |                         | LAST ENRO              | DLLED AT CST (SEM., YEAR)    |  |
| UNDER WI    | HAT OTHER NAMES (S            | ) MIGHT DOC                         | UMENTS BE RECEIVE       | ED?                    |                              |  |
| CURRENT     | MAILING ADDRESS (S            | TREET, CITY,                        | STAT, ZIP)              |                        |                              |  |
|             |                               |                                     |                         |                        |                              |  |
| E-MAIL AD   | DDRESS                        | TELEPHON                            | E (HOME)                | (WORK)                 |                              |  |
| PERMANE     | NT MAILING ADDRES             | S (STREET, CI                       | TY, STAT, ZIP)          |                        |                              |  |
| DATE OF B   | BIRTH (MONTH/DAY/Y            | EAR)                                | PLACE                   | OF BIRTH (C            | ITY, STATE, COUNTRY)         |  |
| LEGAL RES   | SIDENCE                       |                                     |                         | COUNTRY                | OF CITIZENSHIP               |  |
| IF NOT A US | CITIZEN, SPECIFY TYPE         | OF VISA                             | IF PERM                 | ANENT RESID            | ENT, GIVE ALEIN REGISTRATION |  |
| INSTITUTI   | ION(S) ENROLLED IN            | SINCE LEAV                          | ING CANDLER:            |                        |                              |  |
| INSTITUTION |                               |                                     |                         | DATES ATTENDED         |                              |  |
| INSTITUTION | ON                            |                                     |                         | DATES ATT              | TENDED                       |  |
|             | dates must have official acad | emic transcripts f                  | rom these institutions. | Dittes it i            | ENDED                        |  |
| STUDENT S   | SIGNATURE                     |                                     |                         | DATE                   |                              |  |
| FOR OFFIC   | CE USE ONLY                   |                                     |                         |                        |                              |  |
| STUDENT A   | ACCOUNT BALANCE/              | HOLD                                |                         | ADVISOR A              | APPROVAL                     |  |
| MATRICUL    | LATION AND YEAR               |                                     |                         | HOURS CO               | MPLETED TOWARD DEGREE        |  |
| ADMISSIO    | N                             | PROBATION                           | 1                       | SPECIAL CO             | ONDITIONS                    |  |

## **Application for Readmission Procedures and Deadlines**

A student who is not enrolled in consecutive fall/spring or spring/fall semesters must request readmission before registering for a subsequent term. The Application for Readmission Form, a supporting statement indicating reason for requesting return and plans for degree completion, and transcripts from any institutions attended since the last semester of enrollment at Candler should be submitted by appropriate deadlines.

The request for readmission form and supporting documents must be received by July 15 for enrollment in the fall semester, December 1 for the spring semester, and May 1 for the summer term. Written notification of a readmission decision for MDiv, MRL, MRPL, MTS, ThM and special students typically is sent within three weeks of the request becoming complete.

For ThD students, the written request for readmission must be received by April 1 for the fall semester and November 1 for the spring semester. ThD readmission may be granted by the Office of Admissions and Financial Aid with the recommendation of both the ATA ThD Committee and the primary adviser.

DMin students should consult policies in the DMin Handbook or contact the Director of the DMin program for information.

Students with unpaid balances or incomplete course work will not be considered for readmission. Readmission after withdrawal for medical reasons requires medical clearance by appropriate university health officials. Students requesting readmission should inquire about financial aid as far in advance as possible, preferably during the preceding semester.