



Application for Re-Admission

Mail or Fax the completed application with accompanying documents to:
Office of the Registrar • ACU Box 29141, Abilene, TX 79699-9141
Phone: 325-674-2236, 877-595-7451 • Fax: 325-674-2238

Please complete the application below and enclose the following documents:

- Official transcripts from all institutions attended since last enrolled at ACU.
- A brief statement explaining the reason for wishing to return to ACU and your educational goals.

Student ID No. _____ Semester applying for re-admission _____

Name _____
Last First Middle Maiden

Years attended ACU (list all years) _____

Were you on academic probation when you left? Yes No Academic Suspension? Yes No

Were you on suspension by Student Life when you left? Yes No

Have you attended any other college(s) since attending ACU? Yes No Where? _____

Your local address _____ Phone (____) _____

City _____ State _____ ZIP _____

Permanent address _____ Phone (____) _____

City _____ State _____ ZIP _____

Male Female Date of birth _____ Email address _____

Classification _____ Major at time of last enrollment _____

Anticipated degree date _____

Signature _____ Date _____

Important information:

- Approval of this application indicates that you are eligible to return to ACU. It does not address holds that may be on your account which, if unresolved, could prevent you from registering for classes.
- If approval is granted for you to be re-admitted on academic probation, re-admission is contingent on entering into a contract with the Office of Career and Academic Development.

Registrar's Office Only

Processed by _____ Date _____

Housing Requirements _____ Contract _____ Program Change _____

Data Change _____ Student Financial Services _____ Holds _____

Notes _____

SOAHOLD _____ SGASTDN _____ SPAAPIN _____ SGAADVR _____ SHADEGR _____