Marist College
Office of the Registrar

READMISSION APPLICATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth:

Citizenship:

Previous Name:

Student ID Num:

Have you attended another college since Marist? ◯ Yes* ◯ No

*If yes, Official Transcripts from each college MUST be forwarded to the Registrar.

Location: ◯ On-line* ◯ On ground Educational Goal: ◯ Bachelor's ◯ Second Degree ◯ Certificate

Returning Status: ◯ Full-Time ◯ Part-Time

◯ Audit Attache

Returning Semester: _____

FOR OFFICE USE ONLY

◯ Accepted

◯

Notes: _____

Registrar's Signature: _____ Date: _____