



# THE CITADEL

## Readmission Application Undergraduate Evening and Online Office of the Registrar

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### **Application Deadlines:**

Fall – June 1<sup>st</sup>

Spring – October 1<sup>st</sup>

Summer – March 1<sup>st</sup>

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**Submit your completed and signed application and other requirements to:**

The Citadel  
Office of the Registrar  
Readmission Coordinator  
171 Moultrie Street  
Charleston, SC 29409-6550  
[registrar@citadel.edu](mailto:registrar@citadel.edu)



12. Are you a U.S. Military Veteran with more than 90 days of full-time federal active service, other than active duty training?

Yes No

If yes, please indicate below:

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

13. Have you ever been indicted, arrested, convicted, or court-martialed for circumstances other than minor traffic violations?

Yes No

If yes, please attach a separate statement of date, place, circumstances, and disposition.

14. Has any disciplinary proceeding of any kind, formal or otherwise, been taken against you at any school or college you have attended including The Citadel?

Yes No

If yes, please attach a separate statement of date, place, circumstances, and disposition.

**Family Information:**

15. Mr. & Mrs. Mr. Mrs. Ms. Other \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_  
First Middle Last

Permanent address (if different from current address in number 6):

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Cell Phone 1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone 2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Academic Information:**

16. List all colleges you have attended since leaving The Citadel.

		Dates Attended			
		FROM		TO	
		Month	Year	Month	Year
_____ Name of College	_____ City/State	_____/_____ /	_____ /	_____/_____ /	_____ /
_____ Name of College	_____ City/State	_____/_____ /	_____ /	_____/_____ /	_____ /

17. Select your intended major:

I was last enrolled at The Citadel: \_\_\_\_\_  
Major

I am reapplying to The Citadel: \_\_\_\_\_  
Major

**PLEASE CONTINUE ON THE NEXT PAGE**

## Residency Information:

The Citadel is required under South Carolina Law 59-112 to determine a residence classification for the purpose of assessing in-state tuition and fees. Substantiating documentation is required to affirm your status. Additional information may be requested. You must complete this information or tuition and fees will be assessed at the established out-of-state rates.

18. Permanent Address: \_\_\_\_\_  
Street City State Zip

19. Do you claim South Carolina as your residence?  
 Yes: **complete the remainder of the questionnaire**  
 No: **sign and submit application to Registrar's Office**

20. How long have you resided in South Carolina? \_\_\_\_\_ Years \_\_\_\_\_ Months State of previous residence \_\_\_\_\_

21. If you moved to South Carolina within the past 2 years, what prompted your move to the state?  
 Education  Employment  Other

22. List all addresses at which you have lived during the past 48 months. Begin with the most current address:

\_\_\_\_\_  
Address City State Date

\_\_\_\_\_  
Address City State Date

23. Who claims you for income tax purposes?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

24. Upon whom are you basing your claim for residency?  Self  Parent  Other \_\_\_\_\_  
 Legal Guardian (must provide legal court documents)

25. List all addresses where this person has lived during the past 48 months. Begin with the most current:

\_\_\_\_\_  
Address City State Dates

26. List the employer of the person upon whom you are basing your claim for residency:

Employer Name: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

27. I understand that if the information I present in this application changes after it is submitted, I must **immediately inform** the Office of the Registrar in writing. Failure to do so may result in revocation of any offer of acceptance.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**