

Readmission Application Undergraduate Evening and Online Office of the Registrar

Application Deadlines:

Fall – June 1st

Spring – October 1st

Summer – March 1st

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

You must submit the following to have your application considered for readmission:

- 1) Readmission Application (<u>signed and dated</u>);
- 2) A letter (signed and dated) written by you stating reason(s) for leaving The Citadel, activities while you have been away, and your reason(s) for wanting to return;
- 3) **Application Fee**: the non-refundable application fee is \$40. Any application submitted after the deadline will be subject to a \$50.00 late readmission application fee in addition to the ontime application fee for a total of\$90.00; The fee is payable via check, money order, or online link.
- 4) If you are returning after an academic, conduct-related, or voluntary medical discharge, you will need to complete an interview:
 - a) Academic Discharge: Interview with the Associate Provost for Academic Affairs.
 - b) Conduct-related Discharge: Interview with the Associate Provost for Academic Affairs.
 - c) Voluntary Medical Discharge: Interview with the Executive Director for Student Affairs.
- 5) Any official transcripts from all colleges you have attended since leaving The Citadel must be sent directly from the other colleges to The Citadel;
- 6) If you are returning from military leave, copy of your DD214.

1. Applying for: Fall Spr.	ing Summer			
2. Apply as: Online/Evening				
3. Name:				
Last	First	Middle		
4. CWID Number:	5. Marital Status:	Single Married	Divorced	
6. Permanent Address:				
	Street			
City State	Zip Code			
7. Email Address :	8	3. Cell Phone: ()		
9. Date of Birth// Day		lispanic or Latino? (optional) , select one or more of the follow	Yes No ring racial categories to identify yo	
	Amer	ican Indian or Alaskan Native	Asian	
	Nativ	e Hawaiian or Pacific Islander	White	
11. Citizenship (check only one)	Black	or African American		
U.S. Citizen				
Not a U.S. citizen, but permanen	t resident of U.S.: List your	alien registration number:		
Not a U.S. citizen, not a permane	ent resident of U.S.: Provide	e a visa type		
(If you are not a U.S. c	tizen, please submit a photoco	py of your Alien Registration card	or visa)	

12. Are you a U.S. Military Veterar	with more than 90 day	ys of full-time fed	leral active s	ervice, other tha	ın active duty tra	aining?		
Yes No								
If yes, please indicate below: Branch of Service Dates of Service								
13. Have you ever been indicted, a Yes No If yes, please attach a separat					ninor traffic vio	lations		
14. Has any disciplinary proceeding attended including The Citadel?	g of any kind, formal or	otherwise, been	taken agains	st you at any sch	ool or college yo	ou hav		
Yes No								
If yes, please attach a separate state	ement of date, place, cir	rcumstances, and	disposition					
Family Information:								
15. Mr. & Mrs. Mr. Mr. Name of Parent(s) or Guardian(s)_								
Tvaine of Farent(s) of Guardian(s)_	First		Middle		Last			
Permanent address (if different fro	om current address in n	number 6):						
	S	treet						
City	State		Zip Co					
Cell Phone 1: ()		Cell Phone 2: ()					
Academic Information:								
16. List all colleges you have attend	led since leaving The C	itadel.	Б					
		FROM	Dates Atter	nded TO				
		/		/				
Name of College City/State		Month FROM	Year	Month TO	Year			
Name of College City/State		/ Month	Year	Month	/Year	_		
7. Select your intended major:								
I was last enrolled at The Citac	lel:							
I am reapplying to The Citadel	ı.	Major						
Tam reapplying to The Glader	•	Major						

PLEASE CONTINUE ON THE NEXT PAGE

Residency Information:

Signature of Applicant

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:___ City State Zip Street 19. Do you claim South Carolina as your residence? \square 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? Relationship: 24. Upon whom are you basing your claim for residency? \Box Other □Self □Parent □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: Telephone () -Employer Name: Employer Address:_ City Street 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.

Date

The Citadel is required under South Carolina Law 59-112 to determine a residence classification for the purpose of assessing