

Readmission Application Undergraduate Day and Fifth Year 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 (signed and dated);
- 2) A letter (<u>signed and dated</u>) 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 on-time application fee for a total of \$90.00; The fee is payable via check, money order, or online link.
- 4) The Citadel requires that all cadet readmission applicants submit results of a recently completed physical examination on The Citadel's **Medical Eligibility form**. You will receive this form after you have submitted your application, letter of intent and fee;
- 5) 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 Assistant Commandant for Discipline.
 - c) Voluntary Medical Discharge: Interview with the Executive Director for Student Affairs.
- 6) Any official transcripts from all colleges you have attended since leaving The Citadel must be sent directly from the other colleges to The Citadel;
- 7) If you are returning from military leave, copy of your DD214.

The Citadel requires an applicant for cadet readmission to meet certain medical and physical standards.

Included are appropriate height and weight requirements.

When your application packet is received, if any information is missing, you will be notified in a follow-up e-mail.

1. Applying for: Fall	Spring	Summer					
2. Apply as: Cadet	Veteran	Fifth-Year Stud	dent A	Active Duty			
3. Name:							
Last		First		Middle			
4. CWID Number:	5 . I	Marital Status:	Single	Married	Divorced		
6. Permanent Address:							
		Street					
City State	Zip Code						
7. Email Address :		8.	Cell Phone	e: (
9. Date of Birth/ Month	_ ,		atino? (optional) r more of the following	Yes racial categories to ic	No dentify yourself		
			American Indian or Alaskan Native			Asian	
			TT	D: C - I-1 J	White		
		Native	: Hawaiian (or Pacific Islander	VV THEC		

(If you are not a U.S. citizen, please submit a photocopy of your Alien Registration card or visa)

Yes	last attended The Citadel, have If yes, explain:		,	_		-		
No No	11 yes, explain.							
	urrently under the care of a phy							
14. Are you a Yes	U.S. Military Veteran with mor	e than 90 days of full-time	federal a	ctive ser	vice, other than	active duty training?		
	s, please indicate below: ch of Service	Dates o	f Service	:				
Yes	ever been indicted, arrested, co					nor traffic violations		
11 yes	s, please attach a separate staten	nent of date, place, circums	stances, a	ına aispo	OSITION.			
attended includes Yes	lisciplinary proceeding of any ki uding The Citadel? No				you at any school	ol or college you hav		
If yes, please	attach a separate statement of c	late, place, circumstances,	and disp	osition.				
Family In	formation:							
	& Mrs. Mr. Mrs. Msent(s) or Guardian(s)					_		
	,,	First		iddle	La	ast		
Permanent a	ddress (if different from curren	t address in number 6):						
		Street						
Cit	y	State Zip Code						
Cell Phone	e 1: (Cell Phone 2:	(_)				
Academic	: Information:							
	olleges you have attended since l	eaving The Citadel.						
			FROM			Dates Attended TO		
		76 1	/		/	X7		
Name of	f College City/State	Month	EDOM	Year	Month	Year		
			FROM /		TO/			
Name of	f College City/State	Month		Year	Month	Year		
9 . Select you	r intended major:							
I was last	enrolled at The Citadel:							
I am rean	plying to The Citadel:	Major						
i aiii icap	p-,, 5 1110 Oitation.	Major						

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. 20. Permanent Address:__ City State Zip Street 21. Do you claim South Carolina as your residence? Yes: complete the remainder of the questionnaire ☐ No: sign and submit application to Registrar's Office **22.** How long have you resided in South Carolina? _____Years _____Months State of previous residence_ 23. If you moved to South Carolina within the past 2 years, what prompted your move to the state? ☐ Education □ Employment □Other 24. 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 25. Who claims you for income tax purposes? Relationship: **26.** Upon whom are you basing your claim for residency? □Other □Self □Parent □Legal Guardian (must provide legal court documents) 27. List all addresses where this person has lived during the past 48 months. Begin with the most current: Address City State Dates 28. List the employer of the person upon whom you are basing your claim for residency: Telephone () -Employer Name: Employer Address:_ City Street State Zip 29. 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