



THE CITADEL

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

12. Since you last attended The Citadel, have you had any serious illnesses, injuries, surgeries, or other hospitalizations?

Yes _____ If yes, explain: _____
No _____

13. Are you currently under the care of a physician for any reason? Yes No

If yes, explain: _____

14. 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 _____

15. 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.

16. 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:

17. 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:

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

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

19. Select your intended major:

I was last enrolled at The Citadel: _____
Major

I am reapplying to The Citadel: _____
Major

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.

20. Permanent Address: _____
Street City State Zip

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?³
 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?

Name: _____ Relationship: _____

26. Upon whom are you basing your claim for residency? Self Parent Other _____
 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:

Employer Name: _____ Telephone (_____) _____ - _____

Employer Address: _____
Street City 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.

Signature of Applicant

Date