



OAKWOOD UNIVERSITY

RETURNING STUDENT APPLICATION

A \$15 READMISSION PROCESSING FEE IS REQUIRED.

Please indicate the semester you are applying for: Fall 20____ Spring 20____

I, _____, _____ (_____)
Last Name First Name M. I. Maiden Name

Social Security #: _____ Date of Birth _____

Major _____ Minor _____

I am applying for readmission to Oakwood University, and hereby request that your decision and registration information be sent to me as indicated below:

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ E-mail _____



Name of Last School Attended _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Phone _____ Contact Name _____

*****YOU MUST HAVE ALL TRANSCRIPTS FROM PREVIOUSLY ATTENDED SCHOOLS SENT TO THE RECORDS OFFICE BEFORE YOU CAN BE READMITTED!**

Please Check All That Apply

Male Female U.S. Citizen Permanent Resident International

I understand that in order for me to be readmitted to Oakwood University I must be in good standing with the University. I also understand that conditions such as financial, academic, or immunization holds must be resolved before I am readmitted. I further understand that I cannot be readmitted until all transcripts from previously attended schools are received by the Records Office.

Student Signature _____ Date _____

**We only accept Money Orders or Cash.
No personal Checks Please**

COMMITTEE ACTION:

Student ID _____ Academic Status (GPA) _____ Citizenship _____
Holds _____ Approved for _____ hours Processed by _____ Date _____