

APPLICATION FOR GRADUATE READMISSION



Fill out this form, sign it, and return it to the Graduate Admissions Office no later than 3 weeks prior to Registration. The readmission process may take up to 2 weeks. If you were academically dismissed or excluded, please refer to our current catalog for the appropriate readmission process. Fax completed form to 706-776-0150 or email it to aclouatre@piedmont.edu.

NAME: _____ **STUDENT ID #** _____

I am applying for readmission to the School of _____

Other names you may have used at Piedmont: _____

Previous Date(s) of Attendance: _____ **Previous Advisor:** _____

Please list the reason(s) you left Piedmont College initially: _____

Have you attended any other post-secondary institutions in your absence? () Yes () No

If yes, what school(s)? _____

You must submit official transcripts from all schools attended in order to be fully accepted. By signing this application you understand that graduate courses are only valid for six years beyond the date of completion.

Current Address _____ City: _____ State _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____
(You will be assigned an official Piedmont email address upon enrollment)

Emergency Contact: _____ Phone _____

(Please mark all that apply) Will you attend () Demorest Campus () Athens Campus or () Cohort If Cohort, which location? _____
(If Cohort, you must receive permission from the School of Education in order to attend a cohort.)

Year and Semester you plan to start: Year: _____ Semester: () Fall () Spring () Summer

Intended program () MA () MAT () MBA () EDS () EDD Major: _____

Student Signature _____ Date _____

Received by Graduate Admissions: (Initial) _____ Date _____
*****FOR OFFICE USE ONLY*****

INITIAL APPROPRIATE ITEMS: (If denied, attach appropriate documentation.)

GRADUATE ADMISSIONS Accept _____ Deny _____ Reason _____ File Completed _____

DEAN OF SCHOOL Accept _____ Deny _____ Reason _____

BUSINESS OFFICE Accept _____ Deny _____ Reason _____

Did candidate meet Conditional Acceptance Requirements? _____ Yes _____ No _____ N/A

Is candidate on academic exclusion? _____ Yes _____ No

Is candidate on non-academic exclusion? _____ Yes _____ No

Name of Advisor: _____

Does Candidate have a valid certificate? _____ Yes _____ No

Has candidate had a valid certificate in Georgia? _____ Yes _____ No (If yes, attach copy.)

*****FOR DEAN'S OFFICE USE ONLY*****
Readmit _____ Readmit--Conditionally _____ Readmission Denied _____

Signature of Dean _____ **Date** _____ **Date of Student Notification** _____