

For Office Use Only:	_____ <small>Old</small>	to	_____ <small>New</small>	_____ <small>Term/Year</small>	_____ <small>Classification</small>
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Submit to:

The Office of the Registrar
 Augsburg College, CB 71
 2211 Riverside Avenue
 Minneapolis, MN 55454

(612) 330-1036 - Voice
 (612) 330-1425 - Fax

Name _____ Student ID # _____

Other names under which you have attended Augsburg: _____

Verification of Name Change Required (i.e. Photo Copy of: Marriage Certificate, Divorce Decree or Court Order)

Address: The address for which official College information, such as billing statements and financial aid information, will be sent.

Street _____

City _____ State _____ Zip _____

Telephone _____ Home _____ Work _____

Email Address _____

Social Security #: ____/____/____ Date of Birth: ____/____/____

Parent or Guardian Address of Dependent Student or Permanent Address: Parents and Guardians receive the College magazine (*The Now*) and other information regarding parent events, please enter their address here:

_____ Name _____

_____ Street _____

_____ City/State/Zip _____

_____ Home Phone _____

Previous Education

List the colleges, universities or other schools you have attended since leaving Augsburg. You must submit an official transcript from each institution you have attended. Have each copy sent directly from the school to the Office of the Registrar, Augsburg College, 2211 Riverside Ave., Minneapolis, MN 55454.

<u>Name of School</u>	<u>City/State</u>	<u>Dates of Attendance</u>	<u>Reason for Leaving</u>

Educational Plans

Major field(s) of study and/or licensure program: _____

Which term and year did you last attend Augsburg? _____ Which program? _____

What were your reasons for leaving? _____

The last day to receive approval for re-admittance to the college is the day before the term **begins** for Augsburg for Adults/Grad Programs and the Friday before the term **begins** for the Day program. If you miss this deadline, you will not be able to start school until the following term. If you left the college with a Cum GPA less than 2.0 or were dismissed from the college, you must apply early enough to have your application and file reviewed by the Student Standing Committee prior to the first day of the term (plan a minimum of 8 weeks to complete this process).

In which term do you plan to re-enter Augsburg? Year: 20____ - 20____

(Please mark only one term and one program. You must declare whether your primary program will be day or weekend. Full-time students may cross-register for no more than one course per term in the opposite program. You may change your primary program no more than once each academic year. Day is in semester terms, WEC/Grad is in trimester terms, both are in SSI & SSII terms.)

_____ DAY	_____ WEC	_____ ROCH	_____ United	_____ GRAD (All Programs)
_____ Fall Semester	_____ Spring Semester			
_____ Fall Trimester	_____ Winter Trimester	_____ Spring Trimester		
_____ Summer I	_____ Summer II	_____ Summer III (PA & MBA only)		

Please note: The demographic information requested here will not be used in any discriminatory way. It will be used for internal reporting purposes and to facilitate student services. Any information supplied to external sources is in summary form only with the exception of governmental reporting in accordance with federal privacy laws.

Gender: Male Female
Veteran: Yes No
Eligible for Veteran's Educational Benefits: Yes No
Citizen of which country? _____
Visa type: _____

Marital Status: Single Married Divorced
Year of High School Graduation: _____
Have you ever been convicted of a felony? Yes No
If yes, comments must be provided on separate sheet.
Birthplace: _____

Predominant ethnic background:
____ African-American
____ American Indian/Alaskan Native
____ Caucasian
____ Asian-American
____ Hispanic/Latino
____ Other
____ I choose not to respond

Might you use the services of the CLASS office for a physical or learning disability? Yes No
____ Physical disability ____ Learning disability
Religious affiliation: _____
If Lutheran, which synod? ____ ELCA
____ Missouri
____ Wisconsin
____ Other

Why do you wish to return to Augsburg?
____ Complete degree
____ Obtain teaching certification
____ Complete additional major or minor
____ Other (Please specify: _____)

Please briefly explain why you wish to return to Augsburg College. Include your educational and vocational goals.
(Note: If you must have special permission to re-enroll at Augsburg College, attach a separate sheet indicating why you feel conditions are now more favorable for your study at Augsburg.)

Will you be using your company's tuition reimbursement program? ____ Yes ____ No

For company reimbursement or billing information, call the Enrollment Center at (612) 330-1046.
For college housing information, call the Residence Life Office at (612) 330-1488.

Student Signature _____ **Date** _____

OFFICE USE ONLY:			
Date received: _____	ACTION:	Approved	
S.A. _____ F.A. _____ Academic _____		Denied	
Transcripts: _____	DATA ENTRY _____	NOTIFIED _____	HOLD REMOVED _____
It is the policy of Augsburg College not to discriminate on the basis of race, creed, religion, national or ethnic origin, age, gender, sexual orientation, veteran status, public assistance status, marital status or handicap, as required by Title IX of the 1972 Educational Amendments or Section 504 of the Rehabilitation Act of 1973 as amended, in its admissions policies, educational programs, activities and employment practices.			