

ELIZABETH CITY STATE UNIVERSITY
Re-Admission Application



Office of Admissions
Campus Box 901
1704 Weeksville Road
Elizabeth City, North Carolina 27909
(252)335-3305 Fax (252)335-3537

THIS APPLICATION IS ONLY FOR STUDENTS WHO HAVE NOT ATTENDED ANOTHER INSTITUTION AND HAVE BEEN ENROLLED WITHIN THE LAST TWO YEARS. PLEASE PRINT LEGIBLE. (Please contact the Office of the Registrar to follow-up on admission completion at 335-3303)

Re-Admit Term _____ Telephone Number () _____

Student's Name _____ SS# _____

Address _____

Previous Major _____ Requested Major _____

Date Last Enrolled _____ State of Residency _____ County _____

Note: If you have not been enrolled during the past six (6) months or more, please contact the Office of Student Health Services at (252) 335-3267 regarding your Immunization Record.

Applicant's Signature Date

Applicant Certification

Your "yes" answer to one or more the following questions will not necessarily preclude your being admitted. Your failure to be completely truthful will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purpose of the following six question, "crime" or "criminal charge" refer to any crime other than a traffic related misdemeanor or an infraction.

1. Have you been convicted of a crime? Yes No
2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge? Yes No
3. Have you otherwise accepted responsibility for the commission of a crime? Yes No
4. Do you have any criminal charges pending against you? Yes No
5. Have you ever been dismissed, suspended, expelled, or placed on probation by any school, college or university? Yes No
6. If you have ever served in the military, did you receive any discharge other than honorable? Yes No

PLEASE DO NOT WRITE BELOW THIS LINE

Cum. G.P.A. _____ Student "E" Status _____ Start Semester _____

Admission Action Taken _____ Date _____ University Registrar's Office Signature _____

COMMENT: _____