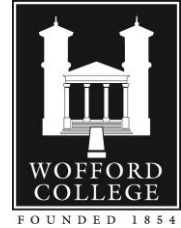


WOFFORD COLLEGE APPLICATION FOR READMISSION



Return to: Office of the Registrar, Wofford College, 429 N. Church Street, Spartanburg, SC 29303-3663, Tel (864)597-4030, Fax (864)597-4019

Complete this form thoroughly and return it to the Office of the Registrar at least one month prior to the start of the semester that you plan to return. A check payable to Wofford College for the appropriate amount (see below) must accompany the application. Official transcripts from all colleges attended since leaving Wofford must be sent the Office of the Registrar. All items must be received before the application is complete. Additional offices may be consulted in the course of rendering a final readmission decision.

Student Information (Please Print)

W# _____ Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____

First Name _____ Middle Initial _____ Last Name _____

Address: PO Box/Street _____

City

State

Zip Code

Telephone: Home _____ - _____ - _____
Cell _____ - _____ - _____

Email Address: _____

Last Semester of Attendance at Wofford _____ Semester You Wish to Return to Wofford _____

Did you attend another college/university since leaving Wofford? Yes No

If Yes, Name of Institution _____

Dates of Attendance _____

You will need to provide official transcripts and a completed Verification of Good Standing Form prior to readmission.

Please indicate, you plan to be a: Commuting Student (\$300 non-refundable deposit)*

Resident/Boarding Student (\$500 non-refundable deposit)*

**Deposits will ONLY be refunded if admission is denied. Otherwise, they will be applied to your total college tuition/fees. Resident/boarding students need to contact Residence Life to make the appropriate arrangements for housing.*

Student Signature _____ Date _____

Additional Contact Information

Parent First Name _____ Middle Initial _____ Last Name _____

Address: PO Box/Street _____

City

State

Zip Code

Telephone: _____ - _____ - _____

Email Address: _____