



ReAdmission Application

Please provide the following information to apply for readmission. Please note that prior admission and/or attendance at Carroll College does not guarantee readmission. In addition to this application you are required to submit transcripts of any college work attempted since last enrolled at the College.

Enrollment Period: Fall Semester Spring Semester Summer Session Year: _____

Have you previously enrolled at Carroll College Yes No If yes, when? _____

Are you a US Armed Services Veteran? Yes No If yes, dates of service: _____

Name of Student

Last	First	MI
Other Name(s) Last	First	MI

Mailing Address

Street		
City	State	Zip Code

Permanent Address

Street		
City	State	Zip Code

Contact Information

Home Phone	Cell Phone
Email	

ID Information

Date of Birth	Social Security Number
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List all colleges/universities attended. Please include all colleges/universities attended since last enrolled at Carroll College.

Carroll College	MT	Dates of Attendance
Other College	State	Dates of Attendance
Other College	State	Dates of Attendance
Other College	State	Dates of Attendance

Have you completed a degree? Associates Bachelor's Master's Doctorate

Name of College/University at which degree was earned: _____

Please indicate your primary educational objective:

Degree Completion Preparation for Pre-Professional Studies

Teacher Certification Preparation for Graduate Studies

Other _____

If your primary educational objective is degree completion, please indicate your major(s):

Major 1	Major 2	Undecided []
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Please indicate the reason(s) and/or circumstances that led to your studies being interrupted at Carroll College.

Please indicate the reason(s) and/or circumstances that support your return to Carroll College.

Have you been subject to any academic and/or disciplinary sanction (e.g. probation, dismissed, suspension) from any school, college or university including Carroll College? No Yes

Do you have any convictions, guilty pleas or charges pending for any criminal offenses other than minor traffic violations? No Yes

Student Signature- By signing this application, I certify that to the best of my knowledge the information presented is accurate. I understand that falsification or omission of pertinent information may result in denial of readmission or cancellation of registration. I further acknowledge that I am subject to and agree to abide by Carroll College policies, regulations and codes of conduct.

Signature	Date
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Please return to:

Office of Admission
Carroll College
1601 North Benton Avenue
Helena, MT 59625-0002

Phone: (406) 447-4384
Fax: (406) 447-4533
Email: admission@carroll.edu

Carroll College is committed to ensuring equal opportunity for all persons and does not discriminate on the basis of sex, race, religion, sexual orientation, marital status, veteran status, national origin or ethnic origin. No qualified individual is excluded from admission or participation in any educational program, activity or facility by reason of disability, providing the individual can properly perform with reasonable accommodation.