

Application for Readmission

College of Professional Studies

INDIANA TECH

Student Information

Name: _____
Last First Middle Maiden

Home Address: _____
Street

_____ City State ZIP

Home Phone: _____ Business Phone: _____

E-mail: _____ Social Security #: _____

When would you like to start? _____ Date of Birth: _____

Major you wish to pursue? _____ Date Last Attended: _____

If you have changed your name since attending Indiana Tech, please provide us with your name at the time of last attendance:

_____ Last First Middle

Previous Education

Are you submitting CLEP/DANTES/USAF examinations for credit? Yes No

Have you requested that transcripts be sent to Indiana Tech? Yes No

Have you attended any other college or university since you last attended here? Yes No

If yes, please list the colleges and universities you attended.

	College/University	Name While Attending	Dates Attended	Credits Earned
1.				
2.				
3.				

Note: A complete official transcript from all above listed colleges or universities must be recieved by Indiana Tech before final approval for readmission will be given.

Verification

I do hereby certify that all the information listed on this application is, to the best of my knowledge, accurate and truthful.

Signature Date

Please return this application to the appropriate campus:

Indiana Tech
 College of Professional Studies
 1600 E. Washington Blvd.
 Fort Wayne, IN 46803
 (260) 422-TECH
 (800) 288-1766

Indiana Tech
 College of Professional Studies
 3500 DePauw Blvd., Pyramid 3010
 Indianapolis, IN 46268
 (317) TRY-TECH
 (800) 288-1766

Indiana Tech
 College of Professional Studies
 3333 Middlebury St.
 Elkhart, IN 46516
 (574) 296-7075
 (800) 288-1766

For Office Use Only:

Student Number: _____ Registrar: _____

A/R Mgr: _____ Date: _____ Rev. 11/05