

Application for Re-Admission

INDIANA TECH

Student Information

Name: _____

Permanent address: _____
Street Address

_____ City State ZIP

Present address: _____
Street Address

_____ City State ZIP

Phone: _____ Student ID or SS #: _____ Birth Date: _____

Last semester of attendance at Indiana Tech _____ Semester you plan to re-enroll at Indiana Tech _____

Do you wish to apply for campus housing? Yes No

Major/area of study desired: _____
You may be required to enter under a new catalog.

Have you attended any other college or university since your last attendance here?

Yes, please fill in the following (a complete official transcript from each institution must be received by Indiana Tech before final approval for re-admission will be given):

College or university	Location	Dates of Attendance	Credits Completed
_____	_____	_____	_____
_____	_____	_____	_____

No, please account for your time during your absence from Indiana Tech: _____

Signature

Date

Return this application to: Office of the Registrar
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803

For Office Use Only

Approved: _____ Denied: _____ for _____
semester year

By: _____ Date: _____
Dean