



Application for Re-Admission Following Graduation

Registrar's Office
62 York Street, Sackville, NB
Canada, E4L 1E2
(506) 364-2269 (phone)
(506) 364-2272 (fax)

I am applying for re-admissions beginning: Fall 20____ Winter 20____ Spring/Summer 20____
 I plan to be studying: Full-time Part-time

Last Name	First /Preferred Name	Middle Name	Student ID #
Phone Number ()	E-mail Address		
Current Address (Number / Street / PO Box)	Town/City	Province	Postal Code
			Current Address Valid Until (y/m/d/)
Permanent Address (Number / Street / PO Box) <i>If different from above</i>	Town/City	Province	Postal Code
			Phone Number ()

What degree do you already have from Mount Allison? _____ Graduation Date _____

If re-admitted, will you require residence accommodation? Yes No

When do you hope to begin studies again? _____

Are you returning to candidate for a second undergraduate degree? Yes No

If yes, please state degree sought _____

Are you returning to candidate for an Honours Certificate? Yes No If yes, in what subject? _____

Are you returning to upgrade your marks and/ or complete additional courses and not as a candidate in any of the above categories? Yes No

Please outline your proposed program of studies and indicate whether you have discussed this program with a faculty advisor and/or another faculty member.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Department Head Approval _____ Approval of Academic Dean _____