

Re-Admission Form (Revised April 26, 2023)

Office of the Registrar/Student Records 300 N. Beaty Street, Athens, AL 35611 Fax: 256.233.8163, Phone: 256.233.8131

Email: registrar@athens.edu

This form is a fillable PDF. Please complete, sign/digitally sign, and submit to the Office of the Registrar via email, fax or in person. Complete this form if you are returning to Athens State University after an absence of two consecutive semesters (not including the Summer semester). Please Note: Students returning who have previously completed a degree or certficate program at Athens State and are returning to pursue a new degree/program OR were previously admitted and enrolled as a certificate or non-degree seeking and now wish to become degree-seeking must complete a New Student Application and meet admission requirements for the new degree goal/program.

Semester of Re-Admission:	Y6	Year:		
Athens State University Student ID (if known):				
Last 4 Digits of Social Security Number:	Date of Birth:			
Current Last Name:				
First Name:				
Middle Name:				
Former Name(s) When Previously Enrolled:				
Cell Number:	Personal Emai	Personal Email Address:		
Current Address:				
	Street			
City	State	Zip Code	County	
Have you been an Alabama resident for the pas	st 12 months:		<u>-</u>	
Approximate Dates of Last Attendance at Athe	ns State University:			
Were you Degree Seeking, Non-Degree Seeking	र or Certificate Seekir	ng when last atten	ded?	
Do you wish to pursue the same major and cata	alog year that you pr	eviously declared:		_
If you chose 'no', please view the catalog to sel	ect your new major,	etc.		
Major:				
Minor:				_
Concentration:				
List any colleges/universities attended since las	st attending Athens S	state University:		
(official transcripts from each must be sent to admissions@	_	,		
Were you on academic suspension/dismissal fr	om any of these inst	itutions?		
Signature/Date (required):				