

# READMISSION APPLICATION

For applicants who previously attended Calvin and who are now seeking readmission. Please provide the following information:

1. Completed Readmission Application.
2. Transcripts from all colleges previously attended.

**Return to:** Office of Admissions, Calvin University, 3201 Burton Street SE, Grand Rapids, MI 49546  
 Fax: 616-526-6777 E-mail: admissions@calvin.edu

LAST NAME	FIRST NAME	MIDDLE NAME	FORMER/OTHER NAME (Please circle)
HOME ADDRESS—NUMBER AND STREET		CITY	STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY	AREA CODE HOME PHONE	AREA CODE CELL PHONE
			M F GENDER

E-mail address: \_\_\_\_\_

Mailing or temporary address (if different from above)—Effective dates: From \_\_\_\_\_ To \_\_\_\_\_

Re-entry date (year): \_\_\_\_\_  Fall semester  January interim  Spring semester  Summer

Class level at which you expect to enroll:  First-year  Sophomore  Junior  Senior  Post graduate  Special

How long do you expect to study at Calvin College? \_\_\_\_\_

Housing plans:  In college housing  At home  Other (specify) \_\_\_\_\_

Please list, in order of priority, the departments or programs in which you are considering majoring: (If undecided, list that first.)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Date you discontinued Calvin: \_\_\_\_\_ Reason for discontinuing: \_\_\_\_\_

Please check here if you have ever been dismissed, suspended, or placed on probation by any school, college or university for academic or disciplinary reasons, missed a significant amount of time for other reasons, or if you have left voluntarily for a lengthy period of time. Explain your circumstances on a separate sheet of paper.

If you discontinued Calvin because of low academic standings, either upon request or voluntarily, what reasons can you give that you will be successful if readmitted?

\_\_\_\_\_

Since leaving Calvin, state briefly your education and/or employment activities:

\_\_\_\_\_

List any other colleges previously attended:      Major/Program:      Dates of attendance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL APPLICANT INFORMATION

Birth place: City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Citizenship:  U.S. Citizen  U.S. Citizen Living Abroad  Canadian Citizen  Canadian /U.S. Dual Citizen

U.S. Lawful Permanent Resident (LPR)—Citizenship: \_\_\_\_\_

If you do not have U.S. or Canadian citizenship please name the country in which your passport was or will be issued and complete the residency and immigration information below:

Other Citizenship: \_\_\_\_\_

International Citizen residing outside the U.S.—Please explain your immigration status: \_\_\_\_\_

International Citizen residing in U.S.—Please list your immigration status: \_\_\_\_\_

Visa Classification: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

### OPTIONAL INFORMATION (This information is important for our records, but will not be used in a discriminatory manner)

What is your first language? \_\_\_\_\_

1. Are you Hispanic/Latino or of Spanish origin?  Yes  No  
(a person of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. From the following five racial groups, please select one or more races to describe your origins:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Marital Status (optional):  Single  Married  Other \_\_\_\_\_

Birth date (optional): \_\_\_\_\_

Church (optional): Name \_\_\_\_\_

Denomination \_\_\_\_\_

Please read, check the appropriate boxes, sign and date below.

Calvin University strives to be a community that is graced by these characteristics:

- learning that is imaginative, thought-provoking and guided by the Holy Spirit;
- living together that is marked by the fruit of the Spirit: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control (Galatians 5:22-23);
- academic integrity that is central to honest scholarly work; and
- personal integrity that reflects a faith-infused life of discipleship.

I agree to support these commitments and to conduct myself in accordance with the principles and provisions of the Calvin University Student Conduct Code. [www.calvin.edu/go/student-conduct](http://www.calvin.edu/go/student-conduct)

If you are not able to agree, please explain on a separate sheet of paper.

I certify that the information provided on this application is accurate, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Calvin does not discriminate with regard to age, race, color, national origin, gender, or disability in any of its education programs or opportunities, employment or other activities. Questions pertaining to Title IX, which prohibits discrimination based on sex, and Section 504, which prohibits discrimination based on disability, may be directed to the Office of Admissions, Calvin University, 3201 Burton Street SE, Grand Rapids, Michigan, 49546, (616) 526-6106.