Selma University OFFICE OF ACADEMIC AFFAIRS 1501 LAPSLEY ST. SELMA, ALABAMA 36701

RE-ADMISSION APPLICATION

1501 Lapsley St. (334) 872-2533 (334) 875-0002 -Fax

Please read carefully and print legibly with a black ink pen. Answer each question correctly.

Last Name:	First Name:		MI:
Maiden Name:	Address:		
City:	State:	Zip:	County:
Home Phone:	Cell Phone	e:	
Email Address:			
		Bir	thdate:
	Check only those the	at apply to you	
Gender: () Female () Male		Veteran/A	Active Military: () yes () no
Ethnicity: () African Amer	ican () Caucasian () Hispan	ic () other	<u> </u>
Marital Status: () Single ()	Marriage () Separated () D	ivorced () Widow	() Widower
Are you a Christian?	L #FIAT I	_UX%	8
Have you ever been convict	ed of a felony? Yes/No If y	es, explain	a
Were you dismissed for disc Major during previous enro	ciplinary reasons? Yes/No I		<u> </u>
Do you plan to change your	THE PERSON AS	Marie	
APPLICATION MUST BE AP	PROVED BY FINANCIAL AID		APPROVED/DENIAL
Reason for Denial			Initials:
DISCIPLINARY MUST BE AF	PPROVED BY STUDENT AFFA	AIRS	
APPROVED/DENIED			Initial:
	ify that the above information		best of my knowledge.
Signature:	Date:	//_	