

# CARSON-NEWMAN COLLEGE

## GRADUATE APPLICATION FOR RE-ADMISSION

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms.

Student Number \_\_\_\_\_

Full Name

---

Last First Middle (Other)

Program \_\_\_\_\_

APPLYING FOR \_\_\_\_\_ YEAR    \_\_\_ FALL    \_\_\_ SPRING    \_\_\_ MAYTERM    \_\_\_ SUMMER  
 STATUS                            \_\_\_ Full-time    \_\_\_ Part-time    \_\_\_ Evening    \_\_\_ Extension  
 HOUSING PLANS                \_\_\_ Residence Hall    \_\_\_ Commuter  
 ADDITIONAL                    \_\_\_ Military Veteran    \_\_\_ VA Education Benefits    \_\_\_ Tennessee Resident

First term and year fully admitted to graduate program \_\_\_\_\_

Term Year

Last term and year enrolled at Carson-Newman \_\_\_\_\_

Term Year

Current Mailing Address \_\_\_\_\_

P.O. Box/Street City State Zip Country

Permanent/Home Address \_\_\_\_\_

(\*If different) P.O. Box/Street City State Zip Country

Telephone Number/s: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_@\_\_\_\_\_.

Have you ever been suspended from Carson-Newman? \_\_\_Yes \_\_\_No \*If yes, date suspension is/was terminated \_\_\_\_\_

Have you ever been on probation? \_\_\_Yes \_\_\_No \*If yes, probation end date \_\_\_\_\_

**List all Colleges/Universities attended since you last attended Carson-Newman. \* (Official Transcripts Required)**

Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Degree Earned \_\_\_\_\_

Mo. Yr. Mo. Yr.

Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Degree Earned \_\_\_\_\_

**VERIFICATION:** I hereby certify that all information given on this application is true and correct. Upon my acceptance, I agree to comply with all rules, regulations and policies of Carson-Newman College as stated in the college catalog and student code of conduct. Failure to comply with college policies may result in disciplinary action, including dismissal.

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

Please allow five (5) working days for processing of re-admission application. Re-admission must be recommended by the offices listed and approved by Admissions Committee.

\*\*\*\*\* *College Office Use Only* \*\*\*\*\*

**(GRADUATE STUDIES REVIEW COMMITTEE)**

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

\_\_\_\_ Recommend for admission

\_\_\_\_ Recommend for admission with the following condition/s: \_\_\_\_\_

\_\_\_\_ Do not recommend for admission

**(STUDENT DEVELOPMENT OFFICE)**

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

\_\_\_\_ Recommend for admission

\_\_\_\_ Recommend for admission with the following condition/s: \_\_\_\_\_

\_\_\_\_ Do not recommend for admission

**(TREASURER'S OFFICE)**

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

\_\_\_\_ Recommend for admission

\_\_\_\_ Recommend for admission with the following condition/s: \_\_\_\_\_

\_\_\_\_ Do not recommend for admission

**\*Evaluation for re-admission will not begin until all information listed below is completed\***

*(All Graduate Students)*

*(Graduate Nursing Students Only)*

Brief synopsis describing activities & events you believe have prepared you for re-admission

Letter requesting re-admission

*(If more than one calendar year has passed since original application was accepted)*

Three References: Academic, Employment,

\$10.00 Re-Admit Application fee

Character

SUBMIT COMPLETED FORM TO: THE OFFICE OF GRADUATE ADMISSIONS P.O. BOX 71985 JEFFERSON CITY, TN 37760

Phone (865) 471-3224 / Toll Free (855) 481-6926 / Fax (865) 471-2013

Email: [gradenrollment@cn.edu](mailto:gradenrollment@cn.edu)