

Marist College
Office of the Registrar
READMISSION APPLICATION

Last Name: _____ First Name: _____ Middle: _____

	Date of Birth: _____ Citizenship: _____ Previous Name: _____ Student ID Num: _____
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Have you attended another college since Marist? ☐ Yes* ☐ No

*If yes, Official Transcripts from each college MUST be forwarded to the Registrar.

Location: ☐ On-line* ☐ On ground Educational Goal: ☐ Bachelor's ☐ Second Degree ☐ Certificate

Returning Status: ☐ Full-Time ☐ Part-Time

☐ Audit Attached

Returning Semester:

FOR OFFICE USE ONLY

☐ Accepted

☐

Notes:

Registrar's Signature: _____ Date: _____