



APPLICATION FOR RE-ADMISSION

Undergraduate

Graduate:

School of Education

Rosemead School of Psychology

Cook School of Intercultural Studies

Talbot School of Theology

School of Arts & Sciences

Crowell School of Business

*This form must be accompanied by a \$15 non-refundable fee and should be filed prior to **July 30** for fall enrollment, and **by January 1** for spring.*

Student ID # _____ Number of units you plan to take _____

Name _____ Male Female
Last First Middle

If your name has changed since previous enrollment, indicate former name: _____

Address _____

City, State, Zip _____

Phone (Home): _____ (Work): _____ Email Address: _____

Social Security No. _____ Date of Birth _____ Check One: U S Citizen Permanent Resident Other

Ethnicity _____ Date of last semester at Biola University _____

Semester of return: fall of _____ spring of _____ Will you attend the preceding summer session or interterm? Yes No

What major/degree program will you pursue*? _____ Do you plan to live on campus? _____

*(Indicate if this is a degree/program other than the one in which you were last enrolled.)

Please indicate reason for departure _____

Marital Status: Single Married Divorced (If divorced, please attach statement with pertinent details.)

List below any schools attended since you last attended Biola University. Official transcripts are required from all schools attended.

_____ Dates _____

_____ Dates _____

Anticipated date of graduation _____

Name, denomination and address of your church _____

A Pastor's reference is required (on a Pastor Reference Form) if you have been out of Biola for more than two years. You are responsible to contact your pastor. Please list pastor's name, address and phone number:

By signing this application, the student agrees to abide by and cooperate in upholding the standards of the University as listed in the catalog and is in full agreement with the doctrinal statement.

Date

Applicant's Signature