Centenary Readmission Application

This application is provided for former Centenary students seeking readmission. Your application will be evaluated with the desire for you to become a graduate of Centenary College. Steps in the process include:
- Completion and submission of your readmission application
- Official transcripts of all college work since leaving Centenary
- Letter of recommendation from a Centenary professor who previously taught you

Please type or print clearly

I Plan to Attend: ❒ Full-Time ❒ Part-Time (less than 12 hours) Do you plan to file the FAFSA? ❒ Yes ❒ No

Semester Enrolling at Centenary: ❒ Fall 20 _____ ❒ Spring 20 _____ ❒ Summer 20 _____

Intended Major: _____

If you meet one of the requirements below, do you plan to live off campus? ❒ Yes ❒ No

[1) You are married, divorced, or a parent/guardian; 2) You are at least 22 years old as of the first day of classes of the school year. 3) You plan to live at home with parent/guardian in the 710-711 zip code.]

Personal Data

Legal Name _____
FIRST MIDDLE LAST

Preferred Name _____ ❒ Male ❒ Female Date of Birth _____

Marital Status: ❒ Married ❒ Single

Permanent Address _____
NUMBER & STREET CITY STATE ZIP

Home Phone (_____) _____ Cell Phone (___) _____

Email Address _____ Name of County or Parish _____

Preferred Method of Contact: ❒ Email ❒ Cell Phone ❒ Home Phone

Citizenship: ❒ US ❒ Permanent resident (Resident alien) ❒ Other _____

First Language, if other than English ____ Country of Birth _____ Visa Type _____

State of Legal Residence _____ Length of Time as Resident of this State __ Year(s) ___ Month(s)

If different from the above, please provide mailing address for all admission correspondence:

Mailing Address _____
NUMBER & STREET CITY STATE ZIP

Address to be used from _____ to _____

Additional Information

Ethnicity (check yes or no): ❒ **Yes,** Hispanic or Latino *(identify below)* ❒ **No,** not Hispanic or Latino

❒ *Mexican, Mexican American, Chicano* ❒ *Puerto Rican* ❒ *Cuban* ❒ *Other Spanish/Latino*

Race *(check all that apply)* ❒ White ❒ Black or African American ❒ Asian ❒ American Indian or Alaska Native ❒ Native Hawaiian or other Pacific Islander

Religious Preference _____ Home Church _____

Educational Data

Please list all colleges, universities, and other institutions of higher education attended after you withdrew from Centenary College. Please have a final, official transcript from each sent to Centenary.

COLLEGE/UNIVERSITY	LOCATION	DATES OF ATTENDANCE

Family Data (Complete this section ONLY if you are a dependent of parents. Leave blank if not.)

Parent 1 Full Name _____

Is This Person Living? ❒ Yes ❒ No

Home Address (if different from yours) _____

_____

_____

Email _____

Parent 2 Full Name _____

Is This Person Living? ❒ Yes ❒ No

Home Address (if different from yours) _____

_____

_____

Email _____

Other

I last attended Centenary from _____ to _____

Academic Advisor _____

What was your reason for leaving Centenary? _____

_____

_____

_____

What have you been doing since you left? _____

_____

_____

_____

Please state why you would like to return to Centenary. _____

_____

_____

_____

I certify that I have completed this application form myself and my responses to all questions are complete and accurate. If I enroll at Centenary College, I hereby agree to abide by the established rules and regulations of the College and to accept the obligations imposed upon me by the Honor Code.

Louisiana Residents: Upon submission of this application for admission, I am approving the release of my Louisiana academic records on file with the Louisiana State Department of Education to Centenary College.

Signature of Student _____ **Date** _____

Centenary College encourages application for admission from all persons and does not discriminate on the basis of gender, race, color, age, religion, disability, sexual orientation, or national or ethnic origin in its admissions policies, loan programs or other college programs, policies and activities. In compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Centenary College will make every reasonable effort to accommodate the needs of its students with disabilities.

OFFICE OF ADMISSION > 2911 Centenary Boulevard > Shreveport, Louisiana 71104
800.234.4448 > 318.869.5131 > 318.869.5005 FAX > admission@centenary.edu

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