

RE-ENROLMENT FORM

PERSONAL INFORMATION (please print clearly)

Mr. Mrs. Miss. Ms. _____
[last name, first name, middle name(s)]

Street: _____

City: _____

Province/State: _____

Country: _____ Postal/Zip: _____

Telephone number: _____ I.D. Number: _____

E-mail: _____

ACADEMIC INFORMATION

Were you attending another college/university on a letter of permission from TWU? Yes No

Post-secondary schools attended since last at TWU:

Name	Address	Dates (Mo/Yr) Attended
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Name	Address	Dates (Mo/Yr) Attended
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Please submit official transcripts (with an original signature and/or seal) of all post-secondary studies taken since last attending TWU.

ACADEMIC INFORMATION

Applying for re-enrolment to: B.A. B.Sc. B.Ed. B.B.A. B.H.K.

Major: _____

Will you be: full-time Part-time Post-degree studies

Do you wish to reside on campus? Yes No

Entrance date for which re-admission is sought: Fall 20____ Spring 20____

If re-admitted I agree to abide by the University's Responsibilities of Membership:

Date: _____ Signature: _____

Office Use Only

Admission ruling: Granted permissions to re-enrol as a: 1st 2nd 3rd 4th-year student in a program

Leading to the degree: B.A. B.Sc. B.Ed. B.B.A. B.H.K. For the: Fall semester 20____ Spring semester 20____

Probation: Special Accountability:

Date: _____ Signature: _____