



# CLAFLIN UNIVERSITY

## Application for Re-admission

CHECK THE TERM: *Fall 20* \_\_\_\_ *spring 20* \_\_\_\_ *Summer 20* \_\_\_\_

NAME: \_\_\_\_\_  
  LAST  FIRST  MIDDLE

CAMPUS ID NO \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Date Last Attended \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Do you plan to attend: Full-time \_\_\_\_ Part-time \_\_\_\_ Major \_\_\_\_\_

Have you attended any other institution since leaving Claflin University? \_\_\_\_\_

College/University \_\_\_\_\_ City, State \_\_\_\_\_ Date Attended \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

I understand that withholding information requested on this application or giving false information may make me ineligible for re-admission to continue at Claflin University. I, therefore, certify that the information above is true.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**RE-ADMISSION STATEMENT**

Any Clafin student who has been out of school one semester or more (summer school) for any reason and who desires to be re-admitted should submit an application for of re-admission at least on month prior to the beginning of the term he/she plans to enter.

The student should also request an official transcript to be sent to the office of Admissions if he/she attended any other institution since last attending Clafin University.

The application for re-admission should be returned to the following address:

**The Office of Admission  
400 Magnolia Street  
Orangeburg, SC 29115**