

Readmission Application for Full-Time Undergraduate

Previously enrolled students who left Immaculata University but would like to apply for readmission in order to resume study should complete and return this form.



- Email to admiss@immaculata.edu or Fax to 610-640-0836
- Mail or Deliver to Lillian P. Lettiere Center #118, 1145 King Road, Immaculata, PA 19345
- **Questions?** Call 484-323-3060

First Name _____ Middle Name _____
Last Name _____ Prior Name _____
Date of Birth _____ Immaculata ID Number _____

Mailing Address

Street _____
City _____ State _____ Zipcode _____
Phone _____ Email _____

Last Semester/Year Attended: ☐ Fall ☐ Spring Year _____ Prior Major _____

Requested Start Semester: ☐ Fall ☐ Spring Year _____ New Major _____

Do you plan to live on campus? ☐ Yes ☐ No

Reason for Leaving:

Reason for Requesting to Return:

If you attended another institution since you last attended Immaculata, list each name and dates of attendance.

Institution Name _____ Dates Attended: _____

Institution Name _____ Dates Attended: _____

Have you ever been dismissed or suspended from any college or university for any reason? ☐ No ☐ Yes

If yes, please explain

Have you ever been convicted of a felony? ☐ No ☐ Yes

If yes, please explain

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I certify that this information is true and complete to the best of my knowledge and understand that falsification of information on this application could invalidate acceptance and enrollment.

I authorize any schools or colleges I have previously attended to release my personal and academic information to Immaculata University representatives.

I agree that my college grades may be used for statistical studies or sent to my previous schools for evaluation purposes.

I understand that official high school (or college) academic transcripts must be received by the Immaculata University Admissions Office before any admissions decisions can be made.

Signature_____

Date_____

Information below to be completed by Immaculata University staff.

Date received by Admissions_____

Date sent to Dean_____

Business Office: ☐ Approved ☐ Denied Signed_____

Balance Amount:_____

Dean of Students: ☐ Approved ☐ Denied Signed_____

Academic Dean: ☐ Approved ☐ Denied Signed_____

Restrictions/Comments: