

SUMMER _____
FALL _____
SPRING _____
RE-UP _____Salem State University
Academic Advising
352 Lafayette Street
Salem, MA 01970**APPLICANT INFORMATION**Student name _____
(Last) (First) (Middle)

Previous name (if applicable) _____

Home address (# and street) _____

City _____ State _____ Zip _____ Telephone _____

Email _____ Cell phone _____

ID (if known) _____ Birth date _____

Applicants will automatically be admitted into their previous major. Please note that Nursing and Social Work majors require department approval. If denied, the student must meet with a professional advisor to explore an alternative major.

What was your previous major? _____

Do you plan to change your major? Yes __ or No __

GUIDELINES

1. Official transcripts from any college you attended after you left Salem State University will need to be sent to the address above for review.
2. If you had academic difficulties in the past (GPA below a 2.0 and/or completion rate was below 66 percent), you must submit:
 - A personal statement which explains why you are re-applying to Salem State University
 - A personal statement explaining what has changed since you last attended
 - Reasons why you should be given this opportunity to return to Salem State University
 - A detailed action plan outlining your intentions for academic success

If you are unsure of your status, please call Academic Advising at 978.542.7049.

POLICY

1. I understand that I must meet the academic requirements of the university in effect at the time of readmission and must follow the academic flow sheet that is current at the time of my readmission into my major.
2. I understand that if I am readmitted to Salem State University and am not in good academic standing, then I will be required to meet with academic advising to complete a probation contract that will outline steps to improve my academic record.
3. Eligibility for financial aid is not guaranteed with readmission. Please contact the financial aid office if you have any questions concerning your eligibility.

PLEASE SEE REVERSE SIDE

AUTHORIZATION

I have read and understand all of the above policies with regard to my application and agree to comply if granted readmission.

Applicant Signature _____ Date _____

My signatures certify that the information provided is complete and accurate and that I have not attended any institutions other than those listed below. I understand that making false or fraudulent statements within this application could result in denial of admission, disciplinary action and invalidation of credits earned. Should there be any change in the substance of the information given here, I will immediately notify academic advising.

Applicant Signature _____ Date _____

OTHER INSTITUTIONS

Please list any and all institutions that you attended after you last left Salem State University.

Institution name	Dates attended
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FOR OFFICE USE ONLY