

KENTUCKY STATE UNIVERSITY

OFFICE OF ADMISSIONS

PHONE: 502-597-6813 FAX: 502-597-5814

Re-Enrolling Student Application (22-05)

Social Security Number: _____ Last KSU Enrollment: _____

Term Year

Re-enrolling Term: Fall Spring Summer _____ Year

Name: _____
Last First MI Maiden/Previous

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Phone (____) _____

Local Address: _____
(If different)

City: _____ State: _____ Zip Code: _____ Phone (____) _____

Birthdate: _____ Sex: Male Female Marital Status: Married Single Other

Ethnic Origin: Black White Hispanic Asian/Pacific Islander American Indian Other

List all places of residence for the 18-month period prior to the date of this application. Give cities, states and dates.

City and State _____ Dates: _____

List all high schools, colleges and universities you have attended since your last KSU enrollment. THIS INFORMATION MUST BE COMPLETE including dates and address

NAME OF SCHOOL	ADDRESS	ATTENDANCE DATES	GRADUATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Office of Admissions prior to finalizing your enrollment must receive official transcripts from the above institutions.

I affirm that all information supplied in this application is true and complete. I understand that withholding information and/or providing false information will make my enrollment subject to cancellation.

_____ Date

_____ Signature

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Date Received/Entered: _____ By: _____ Residency: _____

Academic Major: _____ Level: _____ Degree: _____

It is the Policy of Kentucky State University not to discriminate against any individual in any of its educational programs, activities, or employment on the basis of race, color, national origin, sex, disability, veteran status, age, religion, or marital status.