THOMAS COLLEGE

Returning Student Application

Students seeking readmission to Thomas College should complete this form prior to August 15th for Fall term admission and January 1st for spring term admission. All outstanding financial obligations must be resolved prior to being considered for readmission. Proof of COVID-19 Vaccination must be submitted to the Health Center to register for classes. Completed forms should be emailed to the Office of The Registrar at Registrar@thomas.edu or mailed to:

Office of the Registrar - Thomas College 180 West River Road Waterville, ME 04901

| Full Legal Name: | | | |
|------------------------|----------------------------------|---------------------|---|
| | (Last) | (First) | (Middle) |
| Date of Birth: | Previous Name | : | |
| Current Mailing Addr | ess: | | |
| City: | County: | State: | Zip: |
| Current Physical Add | ress: (if different from mailing | address): | |
| City: | County: | State: | Zip: |
| Phone: | Email Address: | | |
| Year and Term you pl | an to re-enter: Year | Fall | Spring |
| Term last enrolled: Ye | ear Fall | Spring | |
| Program/Major you a | re applying for: | | |
| Resident information | : Need on campus housing:_ | Commute | r: |
| Reason for return to | Thomas College: (attach a sepa | arate if necessary) | |
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| and regulations at Th | - | · | wledge. I agree to abide by the policies, rules, on will be used by officials of the college in |
| Signature: | | | _Date: |
| For office use only: | | | |
| Eligible to return | Academic: | | Probation Y or N |
| | Financial: Merit Appeal: | | M GPA |