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. 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 Address:_____

City:_____ County:_____State:_____ Zip:_____

Current Physical Address: (if different from mailing address):_____

City:_____ County:_____State:_____ Zip:_____

Phone:_____ Email Address:_____

Year and Term you plan to re-enter: Year_____ Fall_____ Spring_____

Term last enrolled: Year_____ Fall_____ Spring_____

Program/Major you are applying for: _____

Resident information: Need on campus housing:_____ Commuter:_____

Reason for return to Thomas College: (attach a separate if necessary)_____

_____

_____

_____

I certify that this information is complete and correct to the best of my knowledge. I agree to abide by the policies, rules, and regulations at Thomas College. I further understand that this information will be used by officials of the college in determining my eligibility for re-admittance.

Signature:_____Date:_____

For office use only:
Eligible to return Academic: _____ Probation _Y or N
Financial: _____
Merit Appeal: _____ CUM GPA _____