

General Information

Name _____
(Last) (First) (Middle)
Maiden Name _____ Preferred First Name _____
Address _____
Number Street
City State Zip
Home Telephone _____ Cell Phone _____
e-mail address _____ Social Security Number _____
Date of Birth _____ Place of Birth _____
(City, State, Country)

Degree Information

Status: Re-entry term: Degree Desired:
 Freshman Sophomore Fall Winter Bachelor of Arts in Business Administration
 Junior Senior Spring Bachelor of Arts in Human Development
 Bachelor of Arts in Public Health
 Bachelor of Arts in Health and Human Services
 Last term in attendance at LaGrange College _____

Please list all colleges and universities you have attended since leaving LaGrange College. List the most recent first.

Institution	City and State	Dates Attended	Degree and Major	Graduated?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Why did you withdraw?

Why do you desire to re-enroll?

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended no institutions other than those listed.

Signature _____ Date _____

PLEASE RETURN COMPLETED APPLICATION TO:

LaGrange College
Evening College
601 Broad Street,
LaGrange, GA 30240

Phone: 706-880-8021 or 706-880-8298
email: lmcmullen@lagrange.edu

LaGrange College does not discriminate on the basis of age, sex, race, ethnic or national origin, or disability.