



Attach  
Recent  
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PO Box 7148 • Greensboro • North Carolina • 27417

### Application for Readmission

Students who have officially withdrawn from the divinity school or have failed to enroll in classes for a full academic year must reapply for admission and satisfy degree requirements at the time they resume their studies.

#### Personal Information

1. Mr. Mrs. Ms. \_\_\_\_\_  

Last Name
First
Middle
2. \_\_\_\_\_  

Street Address
Mailing Address (if different)

  

City
State
Zip Code
3. \_\_\_\_\_  

Date of Birth
Place of Birth
Social Security Number
4. Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Email: \_\_\_\_\_
5. Marital Status:     Single     Engaged     Married     Separated     Divorced     Widowed  
 Spouse's Name: \_\_\_\_\_    Married Since: \_\_\_\_\_  
 Children at Home: \_\_\_\_\_
6. In case of emergency, contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_    Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
7. Are you a veteran?     Yes     No    Are you eligible for Veterans Administration benefits?     Yes     No
8. Current Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_
9. May we publish your name, address, phone number, and email address in the **CEEDS Student Directory**?  
 Yes     No

***Academic Information***

10. Please indicate the program or status for which you are reapplying.

- Master of Divinity       Master of Arts       Auditing Student

11. When do you plan to re-enter **CEDS**: Year \_\_\_\_\_

- Fall A       Spring A       Summer School (June)  
 Fall B       Spring B

12. When did you withdraw from **CEDS**? Semester \_\_\_\_\_ Year \_\_\_\_\_

13. Did you graduate from **CEDS**?  No  Yes If yes, when \_\_\_\_\_ Degree \_\_\_\_\_

14. List below **ALL** schools attended after withdrawing from **CEDS**. (Applicant is responsible for having **OFFICIAL Transcripts** forwarded to **CEDS**.)

<u>Name of Institution</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>

15.  Check here if you would like a transcript evaluation for possible transfer credit.

***Financial Information***

16. How will you finance your divinity school education?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Personal Savings             | <input type="checkbox"/> Local Church Assistance     | <input type="checkbox"/> Student Loan Program |
| <input type="checkbox"/> Full or Part-time Employment | <input type="checkbox"/> Denominational Scholarship  | <input type="checkbox"/> Grants               |
| <input type="checkbox"/> Working Spouse               | <input type="checkbox"/> Divinity School Scholarship |   |
| <input type="checkbox"/> Extended Family Support      | <input type="checkbox"/> Veterans Benefits           |   |

17. Enclose a \$35.00 nonrefundable application fee.

18. On a separate page, please explain why you withdrew from **CEDS** and why you wish to return.

19. I certify that all information on this application is true and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Carolina Evangelical Divinity School complies with applicable laws regarding non-discrimination based on factors such as race, sex, national origin, age, or disability in its educational and employment policies.***