

Renewed Student Enrollment Form

			Date	
Name	Student ID #			
Current Mailing Address				
City	State		_Zip Code	
Phone Number	Email .	Address _		
Parent or Billing Name				
Billing Address				
City				
Phone Number				
When did you attend Alma College? Term	Year_	TO) Term	_ Year
Who was your academic advisor?				
Major 2 nd N				
Reason(s) for leaving Alma College				
When do you wish to return to the College?	Fall	Winter	Year_	
When you return will you live: On Camp	us	Off Cam	npus	
Have you made these housing arrangements with	Student L	ife?	Yes	No
What is your anticipated graduation year?				
Please list any college or university attended since	e leaving	Alma:		
Institution	Dates Attended			
Institution	Dates Attended			

Please have official transcript(s) sent to the Registrar's Office at the following address:

Alma College Attn: Registrar's Office 614 W. Superior Street Alma MI 48801