



ALMA COLLEGE

Renewed Student Enrollment Form

For Former Students Seeking to Return to Alma

This application is for students who previously withdrew from Alma College and are seeking to return. Please complete the form below and submit all required documents to Alma College Registrar's Office for review.

1. The Registrar's Office will obtain required approvals from appropriate offices (Financial Services, Financial Aid, Housing, etc.).
2. You may need to meet with an academic advisor before your application is fully processed.
3. If you have any outstanding financial obligations, these must be resolved before re-enrollment is permitted.

Student Information

Full Legal Name

First: _____

Middle: _____

Last: _____

Date of Birth (MM/DD/YYYY): _____

Student ID (if known): _____

Phone Number: _____

Email Address: _____

Current Mailing Address: _____

Enrollment History at Alma College

Date of Last Enrollment: _____

Term & Year Last Attended:

___ Fall []

___ Spring []

___ Summer []

Reason for Withdrawal

- [] Academic difficulties

- [] Personal/Health reasons

- [] Financial reasons

- [] Military service

- [] Transfer to another institution

- [] Other (please explain): _____



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Current Enrollment Status

Have you enrolled in any other higher education institutions since your withdrawal from Alma College?

- ☐ Yes
- ☐ No

If yes, please list all institutions and dates attended:

1. Institution Name: _____ Dates Attended: _____
2. Institution Name: _____ Dates Attended: _____

*Please provide an official transcript from any institutions you attended since your withdrawal.

Academic Plans

Term You Plan to Return: _____

Degree Program You Wish to Complete/Pursue:

- ☐ Current Degree or Major
- ☐ Additional Major or Minor
- ☐ Continuing Education Courses
- ☐ Other (please specify): _____

Do You Plan to Play a Sport at Alma College?

- ☐ Yes (please specify): _____
- ☐ No

Do You Plan to Live On-Campus?

- ☐ Yes
- ☐ No

Declaration and Signature

By submitting this application, I affirm that the information provided is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in my application being denied or my re-enrollment being rescinded. I also acknowledge that my re-enrollment is contingent upon the review and approval of my application by the appropriate offices at Alma College.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____

- ☐ Approved for Re-enrollment
- ☐ Conditional Re-enrollment (Further Steps Required)
- ☐ Denied (Reason: _____)