

Application for Re-Admission to Eastern Nazarene College

Name _____ Date _____ Campus ID # _____

Current Address: _____

Current Phone Number(s): _____

Email Address: _____

Date of last semester you attended ENC (Circle One): Fall Spring Summer semester of _____ (year)

I request to return to ENC during the (Circle One): Fall Spring Summer semester of _____ (year)

Why did you depart from ENC?

Why do you want to return to ENC?

What is your intended major upon return? _____

Choose your Housing Plans (Circle One): Residential/Commuter

If you have taken classes elsewhere, please complete this section:

College attended _____ Date attended: _____

College attended _____ Date attended: _____

If attended elsewhere, have you sent official transcripts to ENC? ___ Yes ___ No

I certify that all of the information submitted in the application is my own work, factually true, and honestly presented. By signing this application, I submit it for review for admission to Eastern Nazarene College.

Please email your completed application to admissions@enc.edu. Your application will be reviewed by the Admissions office and other relevant offices upon receipt.

Student Signature: _____ Date: _____
