

APPLICATION FOR RE-ADMISSION

Name: _____
Last First Middle (Maiden)

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone: _____

Social Security No.: _____

E-Mail Address: _____

Marital Status: __Single __Married __Widowed __Divorced

Name of Spouse (if married): _____

Will you live on campus? _____ Date of Birth: _____

(Students under the age of 21, not having senior standing at the University, not living with parent(s) and/or guardian(s) and not being married are required to live on campus unless exempt through the Student Services Office.)

General Health: _____

(A medical history form is required if not previously submitted or if health has changes since last enrollment date. If the applicant has received treatment for an emotional and/or mental problem, a letter of release from the physician of care is required.)

Have you ever been convicted of a criminal act? ___Yes ___No

If yes, give full explanation on a separate sheet.

Home Church: _____
Address and Denomination

Enrollment: ___Fall ___J-Term ___Spring 20___ to 20___

Area of Academic Interest: _____

Please list the dates previously enrolled: _____

When last enrolled, were you in good standing?

Yes

No, left under Academic Dismissal or Social Dismissal

(Students dismissed on Academic and/or Social grounds must provide two letters of recommendation [other than a relative] and a personal letter of intent. The Admissions Committee upon re-acceptance must then review these students.)

List any other colleges/universities attended since leaving:

(An official transcript and a transfer reference is required from each college before re-acceptance)

Please write a personal statement including your reason(s) for applying for re-admission to Mount Vernon Nazarene University. Describe why the Christian emphasis and environment of MVNU appeal to you, and how you plan to succeed academically and spiritually, and contribute to the campus community. Please handwrite neatly; do not type. Use additional paper if needed.

Please list activities since leaving MVNU.

I will file a Free Application for Federal Student Aid (FAFSA) for upcoming school year: Yes No
MVNU's school code number is 007085.
(FAFSA form is available online at www.fafsa.ed.gov)

Ohio Residents: When did you become a resident of Ohio (Month/Year)? _____

Were you enrolled as a full-time student in an institution of higher education before July 2, 1984?
 Yes No

Do you have a sibling, spouse or dependant who is currently a full-time student at MVNU?
If yes, name(s): _____

Is either of your parents currently serving...

- As assigned full-time Nazarene missionaries under official board appointment? Yes No
Name of Field: _____
- As assigned full-time Nazarene pastors or commissioned evangelists? Yes No
Church: _____ Address: _____
- As full-time missionaries of another denominational/non-denominational church? Yes No
Location: _____
- As a full-time pastor in another denominational/non-denominational church? Yes No
Church: _____ Address: _____

Do you regularly attend a Church of the Nazarene? Yes No
If yes, are you a member? Yes

Do you authorize MVNU to release your name, address, telephone number, ethnicity, major, GPA and financial aid eligibility to the Ohio Foundation of Independent Colleges, Inc. (OFIC) for the purpose of scholarship award administration?

()Yes ()No

No award can be made prior to a student's acceptance to Mount Vernon Nazarene University.

I wish to be readmitted to Mount Vernon Nazarene University. I hereby certify that all information on this application is accurate and complete. I agree to adhere to the lifestyle guidelines and policies of the University.

Signature: _____

Date: _____

1-866-462-MVNU or (740) 397-9000 ext. 4513

admissions.mvnu.edu

E-mail: admissions@mvnu.edu

Admissions | Mount Vernon Nazarene University | 800 Martinsburg Road | Mount Vernon, Ohio 43050