



Marist College
Office of the Registrar
READMISSION APPLICATION



Last Name: _____ First Name: _____ Middle: _____

Home Address

Street: _____
City: _____
State _____
Zip: _____

Billing Address (if different)

Street: _____
City: _____
State _____
Zip: _____

Date of Birth: _____

E-mail Address: _____

Citizenship: _____

Phone: _____

Previous Name: _____

Period Attended Marist: _____

Student ID Num: _____

Former Major at Marist: _____

Have you attended another college since Marist? Yes* No

***If yes, Official Transcripts from each college MUST be forwarded to the Registrar.**

Location: On-line* On ground Educational Goal: Bachelor's Second Degree Certificate

***PLEASE NOTE THAT MOST PROGRAMS ARE NOT AVAILABLE ON-LINE. HOWEVER, DEPENDING ON YOUR OUTSTANDING REQUIREMENTS YOU MAY BE ABLE TO COMPLETE YOURS ON-LINE.**

Returning Status: Full-Time Part-Time

Intended Major

Returning Semester:

Year: _____

FOR OFFICE USE ONLY

Catalog Yr: _____ Audit Attached

Accepted

Not Accepted

MMR Hold

CAAS Cleared

SFS Cleared

SSP Major Apvl

Notes:

Registrar's Signature: _____ Date: _____