Readmission Application
Office of the Registrar

Charting The Course To Success…
YOU MUST SUBMIT THE FOLLOWING TO HAVE YOUR APPLICATION CONSIDERED FOR READMISSION:

1) The application and a check made payable to The Citadel for the $40 application fee;
2) A letter written by you stating reason(s) for leaving The Citadel, activities while you have been away, and your reason(s) for wanting to return;
3) One letter of professional recommendation from an individual other than a family member, who can address your activities since you left The Citadel;
4) Medical Certification Statement Form
5) Medical Emergency Form

The Citadel requires that you submit results of a recently completed physical examination on The Citadel’s Medical History and Physical Examination Form if:

a) You have been separated from The Citadel for a period greater than one year;
b) You were discharged as a result of a medical problem;
c) You have experienced medical problems since last attending The Citadel;

* To obtain a copy of The Citadel’s Medical History and Physical Examination Form from The Citadel, call the Registrar’s Office at (843)953-6970.

6) Copy of the front and back of your insurance card;
7) In addition to completing this application, completing the related medical information forms, and providing any additional documentation which a previous medical discharge requires, all applicants in the following categories are also required to schedule and complete a personal interview:
   a) Applicants returning from an academic discharge should contact the Office of the Associate Provost for Academic Affairs at (843)953-5155.
   b) Applicants who are returning from a conduct related discharge should contact the Office of the Assistant Commandant for Discipline at (843)953-6931.

* Applicants returning from a voluntary separation are not required to have a personal interview.
8) Official transcripts should be mailed directly from all colleges you have attended since leaving The Citadel.

Important Information

The Citadel requires an applicant for readmission to meet certain medical and physical standards. Included are appropriate height and weight requirements. When your application packet is received, if any information is missing, you will be notified in a follow-up letter.

1. Applying for □ Fall Year
   □ Spring ________________ 2. Apply as □ Cadet □ Fifth-Year Student
   □ Maymester/Summer □ Veteran

  3. Name: ____________________________________________
     Last First Middle

  4. CWID Number: ________________________________ 5. Marital Status: □ Single □ Married □ Divorced

  6. Permanent Address: ___________________________________
     Street/P.O. Box


  9. What is your ethnicity? □ Hispanic or Latino □ Not Hispanic or Latino
     In addition, select one or more of the following racial categories to identify yourself.
     □ American Indian or Alaskan Native □ Asian □ Black or African American
     □ Native Hawaiian or Pacific Islander □ White
10. Citizenship (check only one)
   ☐ US Citizen
   ☐ Not a US citizen, but permanent resident of U.S.: List your alien registration number: ________________
      (Submit a photocopy of your Alien Registration Card)
   ☐ Not a US citizen, not a permanent resident of U.S.: Provide visa type ________________
      (Submit a photocopy of your Visa)

11. Since you last attended The Citadel, have you had any serious illnesses, injuries, surgeries, or other hospitalizations? ☐ Yes ☐ No If Yes, explain: ________________________________

12. Are you currently under the care of a physician for any reason? ☐ Yes ☐ No
   If yes, explain: ________________________________________________________________

13. Are you a US Military Veteran with more than 90 days of full-time federal active service, other than active duty training?
   Branch of Service: ______________________ Dates of Service: ____________________

14. Have you ever been indicted, arrested, convicted or court-martialed for circumstances other than minor traffic violations? ☐ Yes ☐ No (If Yes, attach a separate statement of date, place, circumstances, charge and disposition.)

15. Has any disciplinary proceeding of any kind, formal or otherwise, been taken against you at any school or college you have attended? ☐ Yes ☐ No (If Yes, attach a separate statement of date, place, circumstances, and disposition.)

16. I understand that if the information I present in this application changes after it is submitted, I must immediately inform the Office of the Registrar in writing. Failure to do so may result in revocation of any offer of acceptance.

Family Information....

16. ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other ________________________________
   Name of Parent(s) or Guardian(s) _____________________________________________
   First                   Middle                   Last

   The individual(s) listed above are: ☐ Parent(s) ☐ Guardian(s) ☐ Other __________________
   Permanent Address (If different from current address in number 6):
   _____________________________________________________________________
   Street
   _____________________________________________________________________
   City                      State             Zip Code
   Home Telephone: _______/_______/_________ Business Telephone: _______/_______/_________
   Area Code/ Phone Number   Area Code/ Phone Number
   Cell Phone: _______/_______/_________
   Area Code/ Phone Number

Academic Information....

17. List all colleges you have attended since leaving The Citadel.
   Name of College City/State Dates Attended FROM ___________/_______ TO ___________/_______
   ________________________________________________________________________________
   Name of College City/State Month Year Month Year
18. Your choice of academic major (check one):

- Biology
- Business Administration
- Accounting Concentration
- Chemistry (B.A.)
- Chemistry (B.S.)
- Biochemistry Concentration
- Civil Engineering
- Computer Science
- Criminal Justice
- Education (Teaching Track):
- Biology
- Chemistry
- French
- Spanish
- Electrical Engineering
- Physical Education
- German
- History
- Mathematics (B.S.)
- Social Studies
- Modern Languages
- Physical Education
- Government
- Modern Languages
- General Affairs
- Psychology
- Accounting Concentration
- Economics
- International Relations
- Chemistry (B.A.)
- Physical Education
- Mathematics (B.S.)
- French
- German
- Spanish
- Physics
- Political Science: Law & Legal Studies
- American
- International & Military Affairs
- Psychology

Residency Information….

The Citadel is required under South Carolina Law 59-112 to determine a residence classification for the purpose of assessing in-state tuition and fees. Substantiating documentation is required to affirm your status. Additional information may be requested. You must complete this information or tuition and fees will be assessed at the established out-of-state rates.

19. Permanent Address:

Street  City  State  Zip

20. Do you claim South Carolina as your residence?

- Yes - (complete the remainder of the questionnaire).
- No - (sign and submit application to Registrar’s Office)

21. In what South Carolina county do you reside?

22. How long have you resided in South Carolina? ___ Years ___ Months  State of previous residence __________

23. If you moved to South Carolina within the past 3 years, what prompted your move to this state?

- Education
- Employment
- Other

24. List all addresses at which you have lived during the past 48 months. Begin with the most current address:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Date</th>
</tr>
</thead>
</table>

25. Who claims you for income tax purposes?

Name: __________________________  Relationship: __________________________

26. Upon whom are you basing your claim for residency?

- Self
- Parent
- Other
- Legal Guardian (must provide legal court documents)

27. List all addresses where this person has lived during the past 48 months. Begin with the most current:

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28. List the employer of the person upon whom you are basing your claim for residency:

Employer Name: _____________________________________________ Telephone: (___) ______________________

Employer’s Address:

<table>
<thead>
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<th>City</th>
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Signature of Applicant ___________________________ Date ___________________________

Application Deadline: Fall – June 1st
Spring – October 1st
Maymester/Summer School-March 1st

Return to: The Citadel
Office of the Registrar
171 Moultrie Street
Charleston, SC 29409-6550

Revised: April 19, 2012