



Readmission Application Office of the Registrar

Charting the Course to Success...

You must submit the following to have your application considered for readmission:

- 1) Readmission Application;
- 2) Application Fee: a check made payable to The Citadel for the \$40 application fee. Any application submitted after the deadline will be subject to a \$50.00 late readmission application fee in addition to the on-time application fee for a total of \$90.00;
- 3) A letter (signed and dated) written by you stating reason(s) for leaving The Citadel, activities while you have been away, and your reason(s) for wanting to return;
- 4) [Medical Certification Statement Form](#) (cadets only);
- 5) [Medical Emergency Form](#) (cadets only);
The Citadel requires that cadet readmission applicants submit results of a recently completed physical examination on The Citadel's [Medical History and Physical Examination Form](#) if you meet one of the conditions below:
 - 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;
- 6) Copy of the front and back of your insurance card (cadets only);
- 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 will be contacted by the Office of the Associate Provost for Academic Affairs once all readmission items have been submitted and approved.
 - 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 from all colleges you have attended since leaving The Citadel must be mailed directly from the other colleges to The Citadel;

The Citadel requires an applicant for cadet 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 e-mail.

1. Applying for: Fall _____ Year _____
Spring _____
Maymester/Summer

2. Apply as: Cadet Fifth-Year Student
Veteran Active Duty

3. Name: _____
Last First Middle

4. CWID Number: _____ 5. Marital Status: Single Married Divorced

6. Permanent Address: _____
Street

City State Zip Code Email Address

7. Cell Phone: (_____) _____ - _____

8. Date of Birth _____/_____/_____
Month Day Year

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)

U.S. Citizen

Not a U.S. citizen, but permanent resident of U.S.: List your alien registration number: _____
(Submit a photocopy of your Alien Registration card)

Not a U.S. citizen, not a permanent resident of U.S.: Provide a 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 U.S. 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, 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.)

Family Information:

16. Mr. & Mrs. Mr. Mrs. Ms. Other _____

Name of Parent(s) or Guardian(s) _____

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: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Academic Information:

17. List all colleges you have attended since leaving The Citadel.

		FROM		Dates Attended		
		/		TO		
_____	_____	_____	_____	_____	_____	_____
Name of College	City/State	Month	Year	Year	Month	Year

		FROM		Dates Attended		
		/		TO		
_____	_____	_____	_____	_____	_____	_____
Name of College	City/State	Month	Year	Year	Month	Year

18. Select your intended major:

I was last enrolled at The Citadel: _____
Major

I am reapplying to The Citadel: _____
Major

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

22. If you moved to South Carolina within the past 2 years, what prompted your move to the state?
 Education Employment Other

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

Address City State Date

Address City State Date

24. Who claims you for income tax purposes?

Name: _____ Relationship: _____

25. Upon whom are you basing your claim for residency? Self Parent Other _____
 Legal Guardian (must provide legal court documents)

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

Address City State Dates

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

Employer Name: _____ Telephone (_____) _____ - _____

Employer Address: _____
Street City State Zip

28. 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.

Signature of Applicant

Date

Submit application and other requirements to:

The Citadel
Office of the Registrar
Readmission Coordinator
171 Moultrie Street
Charleston, SC 29409-6550
registrar@citadel.edu

Application Deadlines:

Fall – June 1st
Spring – October 1st
Maymester/Summer – March 1st