

Application for Readmission Hiram College through the Traditional College

Office of the Registrar · PO Box 67, Hiram, OH 44234 Phone: 330.569.5210 · Fax: 330.569.5211

Please Note: This form is to be used for regular readmission, as well as readmission following academic dismissal. All Readmission application materials must be submitted to the Office of the Registrar, at the address above.

Hiram College reserves the right to deny readmission to any student for reasons including but not limited to outstanding financial obligations, academic deficiencies, college disciplinary actions, or convictions of criminal activity. Students will be informed by phone and by mail about the College's readmission decision. Students can appeal a denial of readmission through the Enrollment Management Committee. Appeals must be made in writing within three business days of received denial and submitted to Christie Borkan, Hiram College Registrar's Office, PO Box 67, Hiram, OH 44234.

Readmission to Hiram College does not guarantee readmission to the Nursing program. Please contact the Nursing Department for further information.

Applying for: Semester/Year:_____ Student ID (if known):_____

In addition to completing this **Application for Readmission**, the following must be submitted to the Registrar's Office before consideration can be given to readmission. Once all documentation has been received, your Readmission file will be reviewed by the College, and you will be notified of the readmission decision. Please submit the following:

- 1. A personal statement which includes the following information:
 - a. Why did you leave Hiram? What has changed or will be different when returning to Hiram?
 - b. Please outline your plan for success at Hiram.
 - c. What you have been doing (working, attending school, etc.) since your withdrawal from Hiram?
 - d. If you were administratively asked to leave and/or involved with judicial action, what has changed to ensure your success upon return?
- 2. Contact information for two personal references; in ARB cases, reference letters must also be submitted.
- 3. If you have attended institution(s) elsewhere, please submit to the Registrar's Office:
 - a. Official Transcript(s).
 - b. Re-admission Waiver(s). (This form is available online at www.hiram.edu/registrar)
- 4. A readmission fee of \$100 and \$100 housing deposit (if applicable) is required. Please make the payment online at <u>www.hiram.edu/deposit</u>, send to PO Box 1808 Hiram, OH 44234, or in person in the Office of Student Accounts. If readmission is denied the deposit(s) will be refunded.
- 5. In ARB cases, a personal interview is required; in non-ARB cases, an interview may be required.

Name:						
	(First name)	(Middle I	Name)	(Last Nan	ıe)	
Mailing	Address:					
	(Street)			(City)	(State)	(Zip code)
Mailing	Address Phone: _			Cell Phone: _		
Tempo	rary Address:				Use until:	
		(Street)	(City)	(State)	(Zip code)	
Citizens	ship:		Current Email:			

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Billing Address (only if different from mailing address):

(Street) (C	ity) (Stat	e) (Z	ip code)						
School(s) Attended Since Leaving Hiram:									
Intended Major(s)	Minor (If any	Minor (If any)							
Advisor Choice: Do you intend to apply for housing? Yes No _									
Employment since leaving Hiram (Names, Places, Dates):									
References: Please include name, title, and phone number for each reference.									
#1 Reference		Phone							
#2 Reference		Phone							

NOTE: -- In ARB cases, letters are required from these 2 references.--

I certify that to the best of my knowledge that the information given in this application is true, and that I may be requested to come to campus for an interview with College officials. I understand that any omission or misrepresentation of facts will be cause for denial of readmission or dismissal from Hiram College if later discovered. I understand that the references and previous academic institutions listed may be contacted. I further understand that it is my responsibility to arrange for all official transcripts to be forwarded directly from the issuing institution to be received by the Registrar's Office at Hiram College.

Student Signature			Date			
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Readmission Application Official Transcript Deposit(s) Email notification to below offices sent:	Personal Statement Readmission Waiver			view		
Business Office: Rate Code: Dean of Students' Office: Student Financial Aid: Collections: Associate Dean of the College: Athletic Director (if applicable):	Approved by:		Have Concerns:			
ARB Readmit? YES NO If yes, copies to Chair, Academic Revie		te sent:				
Readmit letter sent	Bar	nner updated		Campus notification:		
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