RUST COLLEGE
HOLLY SPRINGS, MISS.
"BY THEIR FRUITS YE SHALL KNOW THEM"

Application for Re-Admission

This form must be filled out and returned to **the Office of Enrollment Services** **150 Rust Avenue, Holly Springs, MS 38635** or fax **662.252.8895** by all students who have been separated from Rust College for one or more semesters.

When do you expect to re-enter Rust College:
( ) Fall 1: August ( ) Spring 3: January ( ) Summer: May Year_____
( ) Fall 2: October ( ) Spring 4: March

Ms/Miss/Mrs/Mr
Name_____ Student ID#_____
First Middle Last
Mailing Address_____
Street/P.O. Box/Apt. # City State Zip
Telephone Number_____ S.S. #_____ D.O.B_____

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widow

Classification_____ Major_____ Minor_____

Date of last attendance at Rust College_____

Reason for leaving: ( ) Financial ( ) Grades Other, be specific_____

Do you plan to apply for Financial Assistance?_____
Loans _____ Scholarships _____ Work- Study _____ Pell Grants/SEOG _____

Have you attended another College or University? ( ) Yes ( ) No
If yes, Name of School _____ Dates of Attendance _____
Submit all academic transcripts from previously attended colleges/universities.

If admitted, I agree to follow the rules and regulations of Rust College during my attendance.

Signature_____ Date of Application_____

Students should not report to Rust College until an approval notice in writing has been received by him/her. This notice should be presented to the Office of Enrollment Services upon arrival.

DO NOT WRITE BELOW THIS LINE

Reaction on Application

Cumulative Grade Point Average_____

Approved_____
Registrar Date

Approved_____
Dean of Student Date

Approved_____
VP Fiscal Affairs Date

Admissions Committee Reaction_____