

TROY UNIVERSITY APPLICATION FOR READMISSION

*****ALL FIELDS ARE REQUIRED**

Instructions: Complete the form by typing in the spaces provided.
Fax or mail it with your application for admission.

**Complete only if you were previously registered with the Troy-Florida & Western Region
and were not enrolled in the previous 2 terms.**

Campus

Graduate

Undergraduate

Term: Term I Term II Term III Term IV Term V Year

Name:

Address:

SSN:

Home Phone:

Work Phone:

1. Term last registered at Troy-Florida & Western Region:
2. Major title:
3. If any information on this form has changed since your last term of attendance, indicate change here AND complete a change of status form. Changes
4. **LIST EACH COLLEGE ATTENDED SINCE LAST REGISTERED WITH TROY-FLORIDA & WESTERN REGION:**
Complete a transcript request for each school attended.

Name of Institution	City and State	Dates Attended	
		Month/Year	to Month/Year

Student Signature: _____ Date: _____