

Salem State University  
Academic Advising  
352 Lafayette Street  
Salem, MA 01970

## APPLICANT INFORMATION

Student name \_\_\_\_\_  
(Last) (First) (Middle)

Previous name (if applicable) \_\_\_\_\_

Home address (# and street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

ID (if known) \_\_\_\_\_ Birth date \_\_\_\_\_

Do you intend to be a day or evening student? \_\_\_\_\_

How many credits do you intend to take in your first semester? \_\_\_\_\_

Do you plan to live on campus? \_\_\_\_\_

What do you intend to major in? \_\_\_\_\_

(please note that you will initially be admitted into your previous major)

## GUIDELINES

1. Official transcripts from any college you attended after you left Salem State University will need to be sent to the address above for review.
2. If you had academic difficulties in the past (GPA below a 2.0 and/or completion rate was below 66 percent), you must submit:
  - A personal statement which explains why you are re-applying to Salem State University
  - A personal statement explaining what has changed since you last attended
  - Reasons why you should be given this opportunity to return to Salem State University
  - A detailed action plan outlining your intentions for academic success

If you are unsure of your status, please call Academic Advising at 978.542.7049.

## POLICY

1. I understand that I must meet the academic requirements of the university in effect at the time of readmission and must follow the academic flow sheet that is current at the time of my readmission into my major.
2. I understand that if I am readmitted to Salem State University and am not in good academic standing, then I will be required to meet with academic advising to complete a probation contract that will outline steps to improve my academic record.
3. Eligibility for financial aid is not guaranteed with readmission. Please contact the financial aid office if you have any questions concerning your eligibility.

PLEASE SEE REVERSE SIDE

**AUTHORIZATION**

I have read and understand all of the above policies with regard to my application and agree to comply if granted readmission.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

My signatures certify that the information provided is complete and accurate and that I have not attended any institutions other than those listed below. I understand that making false or fraudulent statements within this application could result in denial of admission, disciplinary action and invalidation of credits earned. Should there be any change in the substance of the information given here, I will immediately notify academic advising.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER INSTITUTIONS**

Please list any and all institutions that you attended after you last left Salem State University.

Institution name	Dates attended
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**OPTIONAL**

Please list the reason(s) that led you to leave Salem State in the past?

**FOR OFFICE USE ONLY**