

Florida Southern College Re-Admitting Student Application

Name _____

Current Address _____

State _____

City/ST/Zip _____

Contact Information _____

Home (_____) _____ - _____

Cell (_____) _____ - _____

E-mail _____ @ _____

SSN#: _____

Where are you currently attending school?

_____ Residential School _____ Current School

Intended Major _____

I am applying for:

_____ Fall Term _____ Spring Term

I will be:

_____ Full-Time _____ Part-Time

Please include the school(s) you attended since leaving FSC (if any) and the reason(s) for leaving.

a. _____

b. _____

Please include the school(s) you attended since leaving FSC (if any) and the reason(s) for leaving.

1. What year did you leave FSC and what were the circumstances that led to your departure?
2. What school(s) did you attend since leaving FSC?
3. Why did you leave that school?

Please send completed application to: _____ via email

Mail to:

Attention: Transfer Re-Admitting Student Administration
Florida Southern College Administration Office
111 Lakewood Drive Lakeland, FL 33801-5698

Email:

fsad@fsc.edu

Incomplete applications will not be reviewed.