BetheUniversity | Application for Readmission College of Arts and Sciences | College of Health Sciences

COMPLETED APPLICATION SUBMISSION OPTIONS

MAIL: Bethel University Office of Admissions, 325 Cherry Avenue, McKenzie, TN 38201

EMAIL: admissions@bethelu.edu

FAX: 731-352-4241

ONLINE: This application may be filled out online at BethelU.edu/apply

Personal Information										
Name:				Social Security #:						
	Last		iirst	Middle						
U.S. Citizen	? 🗆 YES	□ NO If	no, country c	of legal citizenshi	p:	· · · · · · · · · · · · · · · · · · ·				
Address: _	Street		City	/	State		Zip		Country	
Phone:				Mobile:						
Would you like to receive texts from us about events and enrollment? \square YES \square NO										
Email:			Gender	: Eth	nnicity: _					
Married: □	YES 🗆	NO Spouse	e's name			U.S. Ve	eteran:	YES	□NO	
Have you been convicted of a felony? YES NO Currently on probation/parole? YES NO If "YES" to either question above, please provide a letter of explanation and certified copies of documentation from the Court.										
Date of Birth:(mm/dd/yyyy)				Place of Birth						
							City/	State		
FAMILY IN	FORMAT	ION								
Family member (adult) #1: Name:										
☐ PARENT	☐ LEGAL	GUARDIAN	☐ SPOUSE	Living? ☐ YES	□NO	Occupa	ıtion: _			
Home Add	ress:									
Street			City	State		Zip	(Country		
Family member (adult) #2: Name:										
☐ PARENT	□ LEGAL	GUARDIAN	☐ SPOUSE	Living? □ YES	□ NO	Occupo	ıtion: _			
Home Add Street	ress:		City	State		 Zip	Co	ountry		



Prior Education & Enrollment Objectives								
Semester you plan to enter: FALL SPRING SUMMER	R Year							
☐ Full-time ☐ Part-time Intended course of study:								
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior	Will you live on campu	s? YES NO						
If yes, do you have a roommate preference?								
High school attended:								
Name Location		Graduation Year						
Other colleges, universities, or specialized schools attended:								
	ast Date Attended F	ield of Study						
TRANSFER STUDENTS To apply as a transfer student, you must provide an official provide and attached to addition if less than 12 competer by								
previously attended. In addition, if less than 12 semester ho transcripts and ACT/SAT scores. Choose an option below for								
No grade below a "C" or equivalent will be acce from hours accepted as transfer credit. Grade p credit are not included in the Bethel University a any grade below a "C" to count in your transcrip	oint averages from hocademic record. <i>Pleas</i>	urs accepted as transfer						
Request all my past and/or future transfer grade in my Bethel University hours earned/attempted understand that once this policy is applied, it contains to count in our transcript evaluation.	and cumulative grade	point average. I						
Have you been in disciplinary trouble with school or civil au	thorities within the pas	st two years?						
Are you eligible to return to the school from which you are t	ransferring?	-						
Last date you attended Bethel University: \	Were you on probation							
Who was your Bethel Advisor?		if yes, was it academic or social probation?						
I CERTIFY THAT ALL THE ABOVE STATEMENTS ARE TRUE AND A	CCURATE:							
Signature		Date						