



<u>Application Deadline</u> Fall Start – August 1 st Spring Start – December 15 th
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Application for Readmission

Instructions: Complete form and email to the Registrar’s Office at registrar@rider.edu

Readmission for: FALL JTERM SPRING SUMMER I SUMMER II YEAR: 20 _____

Name: _____ Date of Birth: _____ Bronc ID or Last 4 digits of SSN: _____

Former Name (if any): _____ Email Address: _____

Current Address: _____
Street City State Zip

Cell Phone: _____ Home #: _____

Did you withdrawal for medical reasons previously? Y / N

Indicate Major you wish to enter: _____

Since leaving Rider, have you attended another college or university? Y / N If yes, please list them below.

College: _____ Number of Credits: _____ Dates: _____

(Please note: You must submit official transcripts from each college attended since you left Rider.)

Reason for leaving Rider: _____

Reason for returning to Rider: _____

I hereby apply for readmission to Rider University and submit the above information in support of this application. It is, to the best of my knowledge, true and accurate. I understand that I must comply with curriculum requirements now in effect, unless I was granted an official leave of absence. I understand any misrepresentation on this application constitutes sufficient grounds for refusal of the application or for dismissal from Rider University.

Signature: _____ Date: _____

OFFICE USE ONLY

FA Cleared: Y / N

Health Center Cleared: Y / N

Judicial Cleared: Y / N

Date Application Received in Registrar’s Office: _____

Dean of Students Approval: _____ Date: _____

Academic Dean Approval: _____ Date: _____

Registrar’s Office Processed: _____ Date: _____