



Registrar's Office  
2083 Lawrenceville Road  
Lawrenceville, NJ 08648

Phone: 609-896-5066  
Fax: 609-895-5447  
Email: [registrar@rider.edu](mailto:registrar@rider.edu)

## Application for Readmission

### Lawrenceville Students Return to:

Fax: 609-895-5447  
Email: [registrar@rider.edu](mailto:registrar@rider.edu)  
Registrar's Office  
Rider University  
2083 Lawrenceville Road, Lawrenceville, NJ 08648

### Westminster Students Return to:

Fax: 609-252-0477  
Dean of Students Office  
Westminster Choir College  
101 Walnut Lane, Princeton, NJ 08540

Readmission for:  Fall  JTerm  Spring  Summer 1  Summer 2 Year: 20\_\_\_\_\_

Name (Mr. Mrs. Ms.) \_\_\_\_\_ Bronc ID or Last 4 digits of SSN \_\_\_\_\_

Former Name (if any) \_\_\_\_\_ Are you an International Student? Yes No

Permanent Address \_\_\_\_\_  
Street City State Zip

Current Address (if different from above) \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Please check the College you wish to enter:

Business Administration  Education  Liberal Arts and Sciences  Fine & Performing Arts  Westminster

Indicate Major you wish to complete: \_\_\_\_\_

WCC Office Use Only: If change of major, chair approval: Yes No

Since leaving Rider, have you attended another college or university? Yes No If yes, where?

College: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Dates: \_\_\_\_\_

College: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Dates: \_\_\_\_\_

(Please note: For every college you attended since you left Rider you must submit an official transcript.)

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 that any misrepresentation on this application constitutes sufficient grounds for refusal of the application or for dismissal from Rider University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Date Application Received in Registrar's Office: \_\_\_\_\_

FA Cleared: Yes No

Academic Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Processed: \_\_\_\_\_ Date: \_\_\_\_\_