

Application for (check one)

- * RE-ADMISSION (complete Sections A B G)
- * CHANGE OF STATUS (complete Sections A C G)
- * SWITCHING MAJOR (complete Sections A C D G)
- * ADDITIONAL DEGREE (complete Sections A E G)
- * DID NOT GRADUATE (complete Sections A F G)

Please return this application to:
Enrollment Services Office
Thaddeus Stevens College of Technology
750 East King Street
Lancaster, PA 17602

Section A: (This section must be completed for all)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: **PA** ZIP: _____
HOME TELEPHONE #: _____ ALTERNATE TELEPHONE #: _____
SOCIAL SECURITY #: _____ DATE OF BIRTH _____ SEX: (circle one) M / F
RACE (optional) (circle one) American Indian Asian or Pacific Islander Alaskan Native Caucasian Hispanic African American
Where do you plan to live while attending Thaddeus Stevens College of Technology? (circle one) Dormitory At Home Off Campus Housing
Have you completed Financial Aid paperwork (FAFSA, Renewal Form)? (circle one) Yes No

Section B: (Complete this section if you checked RE-ADMISSION)

Dates you attended Thaddeus Stevens College of Technology: _____

Reason why you left the college: _____

What have you been doing since you left the college? (Please be specific): _____

If you left for medical reasons, have you submitted a letter from your physician or treatment specialist stating that you have completed treatment and are able to return?

(Circle one) Yes (please attach to form) NO Does not apply

Why are you interested in returning to the college? (You may include an attached letter with additional information): _____

What major do you want to be re-admitted to? _____

Why do you think you will be more successful in college this time? _____

Section C: (Complete this section for CHANGE OF STATUS and SWITCHING MAJORS)

I am currently a student in _____

I would like to change my status to _____

The reason for this change is _____

Section C, cont.: (Complete this section for CHANGE OF STATUS AND SWITCHING MAJORS)

This is my Counselors recommendation:

FOR OFFICIAL USE ONLY: (This box to be completed by the counselor)

Please change _____ 's
(PRINT STUDENT NAME)

status to: Academics Only
 Change of Major: (fill in major) _____
 Extended Time Program
 Part-Time
 Full-Time

for the _____ semester of _____.
(spring/fall) (year)

Recommendation from Counselor: _____

Date: _____ Counselor's Signature: _____

Section D: (Complete this section for CURRENT FRESHMEN SWITCHING MAJORS)

I am currently a student in _____
(current major)

I would like to switch to _____
(requested major)

The reasons I want to switch is _____

Section E: (Complete this section for PURSUE AN ADDITIONAL DEGREE)

I am planning to complete my degree this May in _____ Technology.
(major)

I would like to pursue an additional degree in _____ beginning in Fall 20____,
(major)

Section F: (Complete this section for DID NOT GRADUATE)

I was scheduled to graduate in May, _____ from the _____ program.
(year) (major)

I need to complete the following requirements in order to graduate: (List requirements):

I would like to pursue these requirements during the **(circle one)** Fall Semester Spring Semester Summer Semester.

Section G: (Must be completed for all)

Date: _____ Signature: _____