



# Registrar's Office Application for Re-Admission

If you were previously an undergraduate student at Providence Christian College and successfully submitted a 'Leave of Absence' form prior to an interruption of no more than 2 consecutive semesters, you are eligible to apply for readmission as a former student. Complete this form and return to the Registrar's Office by faxing to 626-696-4040 or emailing [registrar@providencecc.edu](mailto:registrar@providencecc.edu) prior to the start of the semester.

Name: \_\_\_\_\_  
Last First Middle Initial

Preferred Name: \_\_\_\_\_ Birth Gender: Male / Female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Permanent Home Address:

Street City State Zip Code Country

Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you able to receive texts?  Yes  No

Personal email address: \_\_\_\_\_

Last semester enrolled at Providence: Fall 20\_\_\_\_ / Spring 20\_\_\_\_

Intended semester to reenroll at Providence: Fall 20\_\_\_\_ / Spring 20\_\_\_\_

Chronological college attendance, including Providence Christian College:

College 1: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

College 2: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

College 3: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Desired Concentrations(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

Reason why attendance at Providence was interrupted:

Reason why you want to resume attendance at Providence:

By signing below, I affirm that the above information is accurate to the best of my knowledge. If there is a change to the information, I will notify Providence Christian College as soon as possible.

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_