

Undergraduate Application for Re-Admission

ADMISSIONS REQUIREMENTS

1. Return the completed, signed application. Additional documents may be submitted separately.
2. Send official transcripts from any institutions attended since leaving Cairn.

ENROLLMENT INTENTIONS (Please check one in each column)

I previously studied at:

- Main Campus (Langhorne, PA)
 Wisconsin Wilderness Campus (Cable, WI)

I will study at:

- Main Campus (Langhorne, PA)

I will:

- Reside on campus
 Commute from home

My last semester at Cairn was:

- Fall 20 ____
 Spring 20 ____
 Summer 20 ____

I will enter in:

- Fall 20 ____
 Spring 20 ____
 Summer 20 ____

I will be a:

- Freshman
 Sophomore
 Junior
 Senior

Credit Load:

- Full-time (12+ credits)
 Part-time (under 12 credits)
 Graduation only

Residence Policy: Single students under age 22 must live in the Residence Halls or with immediate family. A written request for an exception to this policy must be submitted to the Office of Student Life.

PERSONAL INFORMATION (Please print clearly in ink)

Name: _____
LAST/SURNAME FIRST MIDDLE PREFERRED FORMER

Social Security # (required for federal aid): _____ Date of Birth: ____/____/____ Male Female

U.S. Veteran: Yes No United States Citizen: Yes No (if no, please answer a-d)

a) Permanent Resident: Yes No (if yes, please provide copy of card)

b) Type of Visa (please provide copy): _____

c) Country of Citizenship: _____

d) Country of Birth: _____

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Please call me on my: Home Phone Cell Phone I would like to receive Text Message updates Yes No

Email: _____ Social Media: Facebook _____ Twitter _____

Temporary Address (if different from above):

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

PROGRAM INTEREST

My academic interest is: _____

I plan to participate in athletics at Cairn. I am interested in the following sports: _____

EDUCATIONAL BACKGROUND

Please list all colleges attended since leaving Cairn. Note: An official transcript from each school you have attended since leaving Cairn, must be sent to Cairn.

School Name City, State Dates of Attendance Graduation Year/GPA

BACKGROUND INFORMATION

Church Information:

Church Name: _____

City: _____ State: _____ Zip Code: _____

Pastor/Youth Pastor's Name: _____

ADDITIONAL INFORMATION REQUIRED

1. Please state your reason(s) for leaving Cairn. _____

2. Please state your reason(s) for desiring to return to Cairn. _____

Have you ever been dismissed from any school? Academic: Yes* No Disciplinary: Yes* No

Have you ever been convicted of a crime (other than minor traffic violations) or are there charges pending against you at this time? Yes* No

Have you used, or participated in the use of, any of the following within the last 12 months?

Tobacco: Yes* No Alcohol: Yes* No Narcotics or Hallucinogenics: Yes* No Gambling: Yes* No

*If you answered yes to any of the above questions, an explanation is required in order to complete your application. Please include your brief explanation on a separate sheet.

ACKNOWLEDGMENT

I have read the **Statement of Faith** and acknowledge that it represents the position of Cairn University and is consistent with my own Christian beliefs. Additionally, in the interest of Christian community, I agree to respect this position, and to be instructed in conformity to it, as I study at the University and further my own biblical and theological knowledge.

I have read the **Community Life Covenant and Traditional Undergraduate Standards of Conduct** and agree to abide by the standards detailed there.

I affirm that the facts set forth in my application and any materials I provide pertaining to my admission and/or financial aid are true and complete. I agree that if, in the judgment of Cairn University, any misrepresentation or omission has been made in this application or related materials, such misrepresentation/omission shall be sufficient cause for rejection prior to admission, and dismissal if I am admitted as a student.

I authorize any schools or colleges that I have previously attended to release my academic record and related materials to Cairn University Admissions Office.

Signature: _____ Date: _____ / _____ / _____

Cairn University admits students of any race, gender, color, age, handicap, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, gender, color, age, handicap, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Cairn's federal code for financial aid is 003351