

Fairleigh Dickinson University

APPLICATION FOR READMISSION

*This application is to be completed by students who previously attended Fairleigh Dickinson University. **No application fee is required.** Please type or print.*

I. PERSONAL DATA

Last Name _____ First _____ Middle _____
 Maiden Name (if applicable) _____
 Permanent Address _____
 City _____ State _____ Zip _____
 Daytime Phone (_____) _____ Evening Phone (_____) _____
 Cell Phone (_____) _____ Email _____
 Social Security No.
 Date of Birth _____
Month Day Year
 Gender: Male Female

II. ENROLLMENT INFORMATION

I am reapplying as:

Undergraduate/Full-Time Undergraduate/Part-Time Graduate/Full-Time Graduate/Part-Time

I plan to enter FDU:

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____ Summer III 20____ Winter Session 20____

My preferred campus is:

Metropolitan Campus (Teaneck, NJ) Florham Campus (Madison, NJ) Off-Campus Site _____

My intended major is _____ **Concentration (if applicable)** _____

III. EDUCATIONAL HISTORY

Please provide information about your previous enrollment at FDU:

Major _____ Concentration _____
 Campus Attended _____ Dates Attended _____

Please list any college or university you have attended since leaving FDU:

School Name	City/State	Credits Earned	Dates Attended
_____	_____	_____	_____ from _____ to _____
_____	_____	_____	_____ from _____ to _____

I certify that, to the best of my knowledge, the information provided is accurate and complete. I understand that any unanswered questions will delay the processing of my application and may require its return for clarification.

SIGNATURE OF APPLICANT

DATE

The University reserves the right to deny admission to any applicant who, in the judgment of the Office of Admissions or the Admissions Committee, may not benefit from Fairleigh Dickinson University's educational programs or whose presence or conduct may impact negatively on its program(s). The University also reserves the right to refuse enrollment in or admittance to any course to any admitted student who engages in conduct deemed by the University, at its sole discretion, as interfering with the learning experience or safety of any person in the University community.

Please mail or fax your completed application to the appropriate Admissions Office at the campus where you plan to attend:

Undergraduate Adult & Part-time Admissions

METROPOLITAN CAMPUS

1000 River Road, H-DH3-10
 Teaneck, NJ 07666
 Phone: 201-692-2551
 Fax: 201-692-7305

Graduate Admissions

METROPOLITAN CAMPUS

1000 River Road, T-KB1-01
 Teaneck, NJ 07666
 Phone: 201-692-2554
 Fax: 201-692-2560

Undergraduate & Graduate Admissions

FLORHAM CAMPUS

285 Madison Ave., M-RI0-01
 Madison, NJ 07940
 Phone: 973-443-8900
 Fax: 973-443-8088

For Internal Use Only

Approved by (signature) _____ Date _____