READMISSION APPLICATION FOR FORMER HOUSTON BAPTIST UNIVERSITY STUDENT

Please complete from	t and back in ink (print) or typ	<u>be</u> :			
Returning / Re-Admissions Year		Summer 🗆	Fall □	Spring \Box	Fast Term □
Campus ID # H					
BIOGRAPHIC INFO	RMATION:				
Name		S	ocial Security #	:	
Last	First	Middle			
		Home	Phone ()		
(*Pre	viously used names)				
E-mail Address		Cell P	'hone ()		
	ppeared when previously enrolled. A Office before your name change is re			ained and complet	ted in the
Present Mailing Address_		Stree			Apt
	City	State		Zip Code	Country
Permanent Mailing Addre (if different from above)	ess	Street		Apt	
	City	State		Zip Code	Country
U.S Citizen:	Permanent Resident Alien:	Internat	ional:	Visa Type:	
Has your immigration st	tatus changed since you last attend	ed HBU? Yes 🗆	No 🗆		
STUDENT CLASSIFI	CATION:				
Undergraduate 🗆 Po	ost Baccalaureate 🛛 Graduate	Post Gradua	ate 🗆 Non-	Degree 🛛	
Desired Degree: BA	BBA 🗆 BM 🗆 BS	🗆 BFA 🗆	BSN 🗆	Master's 🛛	Doctoral
Desired Major		Minor			
Do vou have a Degree Pla	an on file in the Registrar's Office?			Yes 🗆 🛛	No 🗆
	ng to return to afte	to return to after one semester? Yes INO I			
-	e Post Baccalaureate Teacher Certifi	-		Yes 🗆 🛛	

ETHNICITY:

Please answer part 1 and part 2. This information Department of Education under the provisions answer would be greatly appreciated. Houston race, sex, and national or ethnic origin.	of the Title VI of the C	Civil Rights Act. Yo	u are not required to answer; however, an	
Part 1 Hispanic and/or Latino	⊐ Yes □ No			
Part 2 Check all that apply:				
American Indian or Alaskan Native	e 🗆 Asia	an	□ White	
□ Black or African American	□ Nati	tive Hawaiian or Other Pacific Islander		
List all colleges or universities in which you college or university attended must be mailed			tist University. Official transcripts from eac	h
	Houston Baptist University Office of the Registrar 7502 Fondren Rd. Houston, TX 77074			
College or University	Dates Atter	nded	Degree Earned	
of the University. I acknowledge that failure to give complete and correct hereby waive my right of access to any confidential recommendations submitte 				1
Dean of the Graduate School's Approval (Graduate Students Only)			Date	
FOR OFFICE USE ONLY:				
Inst Hrs Attempted	Inst Hrs Earned		Overall GPA Hrs	
Overall Cum GPA	Term GPA		Transfer Hrs	
First term Attended	Last term Attended		Academic Standing	
Student's Age	Meningitis Vaccination Hold		-	
Additional Comments:				
Accepted Notified		Date		
Application Processed by:		Date		