



Preparing people to lead extraordinary lives

APPLICATION FOR READMISSION

(Use this application if you have previously attended Loyola University Chicago, and wish to return as a degree-seeking student.)

Fall 20__ Semester (Classes begin in late August)
 Application and Credential Deadline: July 1, except for the priority deadline into the Marcella Niehoff School of Nursing, which is February 1.

Spring 20__ Semester (Classes begin in early January)
 Application and Credential Deadline: November 1

Name: _____
 Last First Middle Student ID Number

If any of your records are listed under another name(s), please indicate the name(s) here (e.g., maiden name): Female Male

Address: _____
 Number and Street City State Zip code

E-mail: _____ **Home Phone:** (_____) _____
 Area Code Number

Date of Birth: _____ **Cell Phone:** (_____) _____
 Month Day Year Area code Number

My classification at the time of entry will be: Freshman (0–29 hours) Sophomore (30–59 hours)
 Junior (60–89 hours) Senior (90 or more hours.)

List, in order of attendance, all other colleges and universities attended:

Dates of attendance (month/year)	College or University	City/State
____/____ to ____/____	_____	_____
____/____ to ____/____	_____	_____
____/____ to ____/____	_____	_____

If you are currently registered at an institution of higher learning other than Loyola, when will your term prior to enrollment at Loyola be completed?

Required Educational Information

Have you ever been dismissed, suspended, separated or placed on probation from any college or university attended for non-academic (i.e. disciplinary, behavioral or criminal) reasons? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain on a separate sheet of paper and submit to the Undergraduate Admission Office with this application.

I will be returning to (you must apply to the school you were last attending at Loyola):

- College of Arts and Sciences
- Marcella Niehoff School of Nursing
- School of Communication
- School of Business Administration
- School of Education
- School of Social Work

Intended Major (if uncertain, indicate “undeclared”):

This application must be signed by the applicant and is not valid if information is withheld or if misinformation is given. If admitted, the applicant agrees to comply with all the rules and regulations of the university.

Date of application: _____ Signature: _____

Thank you for your application. If you have attended other schools since first applying, please submit official transcripts to complete your application.

Return this application to the Undergraduate Admission Office at Loyola University Chicago.

Mail application to:
6525 N. Sheridan Road
Chicago, IL 60626-9901

Or, drop application off at:
Sullivan Center, Lake Shore Campus
6339 N. Sheridan Road

Fax application to:
773.508.3397