# RE-ENROLLMENT APPLICATION

**Waldorf College**
P.O. Box 3269
Orange Beach, AL 36561
Phone: 877-267-2157
Fax: 251-224-0554
Assistant.Registrar@waldorf.edu

This form is to be submitted by any student that has been inactive in their degree program for more than twelve months. **All official transcripts for transfer credit must be on file before this application will be processed.** Once submitted, the student's record will be re-evaluated and will be subject to any changed academic requirements. Any previous evaluation is no longer valid. The student will be sent the results of the evaluation by e-mail within 7-10 business days.

## APPLICANT INFORMATION

☐Mr. ☐Ms. ☐Mrs.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Waldorf Student ID Number _____

Date _____/_____/_____

S.S. #_____-____-_____

Sex (circle one) M F

Date of Birth:

_____/_____/_____

E-Mail _____ Marital Status _____

Telephone: Business (_____) _____-_____ Home (_____) _____-_____ Best Contact Time _____

Present Employer _____Position_____

City _____ State _____ Zip _____

**Degree Program for which you are making application:**

❑ Business Administration ❑ Fire Science Administration ❑ Organizational Leadership

## ACADEMIC TRANSCRIPTS REQUESTED

Please list below additional college transcripts you would like to submit for evaluation purposes. **All official transcripts must be on file with Waldorf before this Re-Enrollment Application will be processed.** In the box below, please indicate which schools will be sending us official transcripts. Once we receive these transcripts we will complete our evaluation.

| University/ College Name | Your name as it will appear on transcript |
|---|---|
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## PROFESSIONAL LICENSE, CERTIFICATIONS, AND TRAINING PROGRAMS

**If you have earned additional certifications or professional licenses since your original evaluation, please list below.**

Waldorf uses the guidelines established by ACE (American Council of Education) to determine if certain training programs, certificates, professional license, and military training warrant the awarding of academic credit You will need to supply proof or support documentation with this application.

| Name of Certificate, License, or Training Program | Date Completed | Documentation Attached (Yes/No) |
|---|---|---|
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## APPLICATION FEE

This application must be submitted with a nonrefundable application fee. For verification purposes when using a credit card, please include your billing address below.

Select one: ❑$25 Domestic (USA & Canada) ❑ $50.00 International

Method of Payment ❑ VISA/MC ❑ AMEX ❑ DISCOVER ❑ CHECK ENCLOSED

Card No. _____Exp. Date_____

Name on Card _____

Billing Address: _____

I certify that to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is found to be inaccurate or incomplete, the school may rescind my degree. If I am admitted and enroll at Waldorf College, I agree to abide by the rules and regulations of the college as contained in the Student Handbook. I acknowledge that all official transcripts that I submit to the school will become the property of the college and will not be forwarded to another institution or returned to me.

_____ _____/_____/_____

Applicant Signature Date