

Heidelberg

APPLICATION FOR REACTIVATION

1. Please complete and return application form to:
Heidelberg College • Office of Admission • 310 East Market Street • Tiffin, OH 44883-2462
2. Request official transcripts from any colleges attended **since you were last enrolled** at Heidelberg.
(To be official, transcripts must be sent from the institution directly to the above address.)

Social Security Number _____ Male Female

Name _____
First Middle Last Preferred First Name

Maiden or Former Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Home Fax (____) _____ Home E-Mail _____

Employer _____

Work Address _____

City _____ State _____ Zip Code _____

Provide the following if you can be contacted at work:

Work Phone (____) _____ Work Fax (____) _____ Work E-Mail _____

Application for enrollment in: Fall 20____ Spring 20____ Summer 20____

Educational Goal (*check all that apply*): Obtain a bachelors degree Non-degree—coursework only

Audit—coursework for no credit Obtain Licensure

Please indicate which major or licensure area you are likely to pursue at Heidelberg: _____

At which campus do you expect to take *most* of your coursework?

Tiffin Campus Arrowhead Park Maumee

Will you be participating in an employer-sponsored tuition-reimbursement plan? Yes No

Do you intend to file the Free Application for Federal Student Aid (FAFSA)? Yes No

When did you last attend Heidelberg? _____

List any colleges you have attended since you were last enrolled at Heidelberg:

Dates	School Name	City/State	Est. # of Credits	Degree/Certificate (if any)
____ to ____	_____	_____	_____	_____
____ to ____	_____	_____	_____	_____

By signing below, I authorize the Registrar to release my prior academic record to the appropriate adviser

Signature _____ Date _____

It is important to note that your account in the Business Office must be paid in full.