

## APPLICATION FOR RE-ADMISSION

*All students who have not been enrolled within one calendar year are required to complete this form.*

Martin Campus ~ 9500 Old Greensboro Road, Tuscaloosa, AL 35405 ~ Telephone 205.391.2214 Fax 205.391.3910  
C.A. Fredd Campus ~ 3401 Martin Luther King Jr Blvd, Tuscaloosa, AL 35401 ~ Telephone 205.391.2611 Fax 205.391.2658

Please PRINT information in black or blue ink only

Social Security Number \_\_\_\_\_ Shelton State Student ID \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Last Name) (First Name) (Middle or Maiden Name)

If you were previously enrolled at Shelton State under a different name, please list. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address) (Apt. No.)  
\_\_\_\_\_  
(City) (County) (State) (Zip Code)

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth \_\_\_\_\_

I certify that I am a legal resident of the state of \_\_\_\_\_ and have been for \_\_\_\_\_ years.

Semester you plan to re-enroll at SSCC: ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

Method of Re-entry: ☐ Returning ☐ Transfer ☐ Transient ☐ College Graduate

Last Year Attended Shelton State \_\_\_\_\_ If prior to 1989, campus name \_\_\_\_\_

Intended Program of Study \_\_\_\_\_

List names of Colleges attended since your last enrollment at Shelton State.

*Official transcripts must be mailed directly from each college previously attended to Shelton State Admissions Office.*

Name of School	City & State	Dates	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently attending another institution? ☐ Yes ☐ No Institution \_\_\_\_\_

Academic standing at last school attended: ☐ Good ☐ Probation ☐ Suspension

Emergency Contact Information: \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*I hereby attest that the information given above is accurate and complete to the best of my knowledge. I understand that submission of false or misrepresented information subjects me to refusal of enrollment, to dismissal, or to suspension as a student at Shelton State Community College. I do hereby release and absolve Shelton State Community College and its instructors or agents of any liability that might occur as a result of accidental injury during my tenure as a student. I further agree to assume responsibility for payment of tuition and fees, where applicable, as adopted by the Alabama State Board of Education.*

Shelton State Community College is in compliance with the Americans with Disabilities Act. Students, who feel they are entitled to accommodations, should provide documentation to the Office of the Dean of Students. It is the official policy of the Alabama Department of Post Secondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.