UNDERGRADUATE ADMISSION

APPLICATION FOR REACTIVATION

(Use this application if you applied to Loyola before, or if you were admitted to Loyola University Chicago but did not attend.)

LOYOLA UNIVERSITY CHICAGO 1870 AD MAJOREM DEI GLORIAM

Preparing people to lead extraordinary lives

□ **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 January) Application and Credential Deadline: November 1**

Name: _____
Last First Middle Social Security Number

□ Female
□ Male

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

_____

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 by 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 University Chicago, 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 plan to enroll in the:

□ College of Arts and Sciences
□ Marcella Niehoff School of Nursing
□ 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. Return this application to the Undergraduate Admission Office at Loyola.

Mail application to:	***Or, drop application off at:***	***Fax application to:***
6525 N. Sheridan Road, Chicago, IL 60626	***Sullivan Center, Lake Shore Campus, 6339 N. Sheridan Road***	***773.508.3397***

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

Loyola is an equal opportunity educator and employer and admits students without regard to their race, color, sex or national origin.