

RE-APPLICATION REQUEST PARKVILLE DAYTIME CAMPUS CENTER ONLY

This application is for students who have never attended Park University, but have applied in the past. **Complete information is essential to your re-application.**

Session to start: Fall (August) ___ Spring (January) ___ Summer (May) ___ Year _____

Name: _____ Maiden Name: _____

Address _____ City/State/Zip: _____

Phone: _____ Email: _____

Intended major: _____ SSN or Student ID: _____

First time freshman

High School attended: _____ Date of graduation _____

Colleges you earned dual credits with (you must submit transcripts from these colleges):
_____ Date _____

_____ Date _____

Transfer Students

Colleges attended (You must submit transcripts of all colleges attended):
_____ Date _____

_____ Date _____

_____ Date _____

I hereby certify that to the best of my knowledge the information given by me on the application is complete, and I understand that any misrepresentation may be cause for denial or cancellation of admission. I also understand that a transfer student will under no circumstances be granted credit for any previous college work not acknowledged at the time of admission. I further pledge to comply with all rules and regulations which Park University has found to be valuable in the maintenance of this academic and social standards of life and conduct.

Signature of Applicant

Date

Please return this form to the Office of Undergraduate Admissions either by fax 816-505-5475, email at admissions@park.edu or mail to 8700 NW River Park Drive, Parkville, MO, 64152.

Park does not discriminate on the basis of race, color, creed, sex, age, religion, marital status, national origin, public assistance status or disability in the administration of educational and admission policies, financial assistance, athletic or other school-related programs. If you have comments or questions about this policy as it applies to Park University, contact the Human Resources Office at (816) 584-6386.