

TENNESSEE WESLEYAN COLLEGE

Information Questionnaire for Readmission

NAME

Ms. Miss Mrs. Mr.

First _____ MI _____ Last _____ Suff. _____

Social Security Number: _____ Date of Birth ____ / ____ / ____

Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Has your name changed since your last application to TWC? ____ Yes ____ No

If so, please note your previous name: _____

Previous Term and Year of Application: _____

Are you degree-seeking? Yes No Semester Entering: 20____ Fall 20____ Spring 20____ Summer

Campus:

Athens Day Athens Evening Knoxville

____ Part-Time _____ Commuter

____ Full-Time _____ Resident

Major: _____

List all schools attended since your last TWC Application:

Applicant's Signature

Date

