

# 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

