



Office of Admissions
jjacobs@tougaloo.edu

Dear Prospective Re-admit Student:

Let me first thank you for your interest in applying for re-admission to Tougaloo College. As requested, we have enclosed an **Application for Re-Admission** in addition to the updated Fee Schedule. Please complete the Re-Admission Application and mail back to the office and we will secure clearances from the Dean of Students, Student Accounts, and Financial Aid offices and mail you a response. Please mail this document to Tougaloo College, Office of Admissions, 500 County Line Road, Tougaloo, MS 39174.

In addition to your application, you must provide an official transcript of academic work completed at other colleges that you have attended since you were enrolled at Tougaloo College.

If you have questions, please feel free to call us toll free: 1-888-42-GALOO (1-888-424-2566), 601-977-7768, or 601-977-7765. Again, thank you for your interest in Tougaloo College.

Sincerely,

Juno Leggette Jacobs

Ms. Juno Leggette Jacobs, M.B.Ed.
Director of Admissions

Enclosure: As Stated



Office of Admissions

APPLICATION FOR RE-ADMISSION

Name _____
Last First M.I. Maiden

Address _____
Street City State Zip Code

Telephone _____
Home Cell Email

Social Security # _____ Tougaloo ID# _____

Major _____ Classification _____

I hereby apply for Re-Admission to Tougaloo College for the term indicated:
(Check one)

Fall Semester 20____ Spring Semester 20____ Summer 20____

I am applying for the following program: (please check one)
____ Traditional _____ Non-Traditional (CISLL)
(Director of Admissions must approve)

I withdrew from Tougaloo College on: _____
Month Date Year

Reason for leaving

I have been engaged in the following activities during my separation from Tougaloo College:

1. Attended the following college (s) _____

(You must provide an official transcript from the college (s) listed above)

2. Employed at _____ 3. Other _____

Signed _____ Today's Date _____

THIS APPLICATION WILL BE CONSIDERED AFTER THE INFORMATION BELOW IS COMPLETED!!!!

Clearance by Dean of Students YES ___ NO ___ Initial _____ Date _____

Clearance by Student Accounts YES ___ NO ___ Initial _____ Date _____

Clearance by Financial Aid (Perkins) YES ___ NO ___ Initial _____ Date _____

(Clearance sheet must be attached if "YOU" secure signatures.)

OOA requested file from Registrar's Office YES ___ Date _____ Form Revised January 2007