

Application for Re-Admission to MMP

Last Name:		First Name:		Middle Name:	
Address:			City:		State:
Maiden/Former Name (if applicable):			Home/Cell Phone:		Email Address:
Social Security #:					
Current Employer:				Work Phone:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced				Intended Re-entrance Date:	
Are you seeking a degree from Malone University? <input type="checkbox"/> Yes <input type="checkbox"/> No					
♦If YES, your intended major will be:					
Have you attended another college/university since last attending Malone? <input type="checkbox"/> Yes <input type="checkbox"/> No					
♦If YES, list all places of attendance:					
➤ Request official transcripts to be mailed to Malone University, Office of the Registrar, 2600 Cleveland Ave. N.W., Canton, OH 44709.					
Have you ever been convicted of any crime, under civilian or military law, other than minor traffic violations, or are you currently under indictment or prosecution for any such crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
♦If YES, briefly state the date and nature of each pertinent offense (read below):					
Complete information regarding any of the matters described above must be sent promptly at the time of application for re-admission to <i>Malone University, Attention: Registrar</i> . Applicants are responsible for verifying receipt by the University, and for maintaining a copy of the receipt certifying such submission. Information which must be submitted includes a sufficiently detailed explanation of any such serious prior disciplinary action by an educational institution, a criminal conviction or current indictment or prosecution, as described above, and related dates and court and institutional dispositions, along with certified copies of pertinent court and institutional records.					
A conviction or pending indictment or prosecution may or may not automatically bar an applicant from admission to the University. By signing at the end of the application, the applicant authorizes Malone University to have complete access to pertinent educational and criminal information and records. For more information about these requirements, contact the Office of the Registrar at 330-471-8128.					
Please Read and Sign Below: 1. I understand that I am financially responsible for tuition and fees and any other charges associated with my enrollment. If my student account becomes delinquent upon notification from the University and attempts to collect are unsuccessful, I understand that my account may be referred to the University's collection agency or attorney for collection. By signing below, I agree that I would be responsible for payment of any collection costs and charges necessary for the collection of any debt to Malone University. 2. Disclaimer: The applicant understands and agrees that withholding any information requested on this application, or giving false or incomplete information on or in connection with this application, may disqualify the applicant from re-admission to Malone University, or revoke the applicant's previous admission to the University, or subject the applicant to dismissal from the University.					
Signature of Student:					Date:

Office Use Only – Completed by Management Studies Coordinator			
Financial Holds <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last Attendance:	
MMP Class Number:		Course/Session:	
		Integrated Research:	
Student Approved/Denied Readmission:			Date:
Signature of Executive Director, Malone Management Program:			