



229 Main St., Keene, NH 03435-2604
603-358-2276 or 800-KSC-1909
Fax: 603-358-2767
admissions@keene.edu • www.keene.edu

Reactivation Application

APPLYING FOR TERM BEGINNING:

☐ January 20____ ☐ September 20____ ☐ First-year student or ☐ Transfer student (attended any postsecondary institution)

Please TYPE or PRINT clearly

Name (no nicknames, please) Last First Middle Former last name if any

Date of Birth Month /Day /Year

Permanent address Number /Street

City /State /Zip

Telephone with area code

Mailing address (if different from your permanent address)

City /State /Zip

Telephone with area code

Email address (We recommend you use the family email address, since many students will change their address often throughout the application process.)

Gender ☐ Male ☐ Female ☐ Other/Prefer not to say

Are you a U.S. citizen?

☐ Yes ☐ No

If you are not a U.S. citizen, please specify:

Country of birth _____

Country of citizenship _____

Type of visa _____

Native language _____

TOEFL test dates _____

Have you been a New Hampshire resident for the past 12 months?

☐ Yes ☐ No

If yes, for how long? _____

Have you ever been suspended from a high school or college for any reason?

☐ Yes ☐ No

If yes, on a separate sheet of paper, please explain in complete detail the nature of the suspension.
If your situation changes after you apply, it is your responsibility to notify the admissions office.

Have you been convicted of a misdemeanor or felony that has not been annulled by a court?

☐ Yes ☐ No

If yes, on a separate sheet of paper, please explain in complete detail the nature of the offense, the charges, the sentence received, and the extent to which the sentence has been served. If your situation changes after you apply, it is your responsibility to notify the admissions office.

ANY/ALL COLLEGES OR UNIVERSITIES ATTENDING/ATTENDED

Have you ever registered for classes at KSC? ☐ Yes ☐ No

Dates of attendance: _____

Present/Most recent school name	Location	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CEEB Number	Dates attended	# of credits	Degree(s) awarded
Previous school(s)	Location	Dates attended	# of Credits		
Previous school(s)	Location	Dates attended	# of Credits		Attach separate sheet if needed

ACADEMIC INFORMATION

Choose your major by referring to the KSC website at keene.edu/catalog.

Please indicate "undecided" if you have not chosen a major at time of application. Education majors should choose a second major. Options for a second major are listed in the catalog descriptions.

Major

Second major for Education majors

Please contact the admissions office if your major choice changes after application. **OFFICIAL** declaration of major takes place after enrollment.

I certify that to the best of my knowledge the information given in this application is correct and complete.

I understand that the College charges and bills for the entire semester. My signature on this application is required and represents, upon registration, a firm commitment to pay in full the total charges for the entire semester. This commitment becomes legally binding once I register for and begin each semester.

NOTE: Applications will not be processed without a signature.

Today's date

Signature of applicant

The information provided to Keene State College becomes the property of the College. In accordance with the Family Educational Rights and Privacy Act (FERPA), students retain the right to review their records.



229 Main St., Keene, NH 03435-2604
603-358-2276 or 800-KSC-1909
Fax: 603-358-2767
admissions@keene.edu • www.keene.edu

Confidential Recommendation Form

TO THE APPLICANT:

Please complete the first section of this form and forward it to the Dean of Students or the person responsible for student disciplinary records at the college or university you are currently attending. If you are not currently matriculated, this form must be completed by the institution you last attended. Your application will not be considered complete until this form is received. When you request that your current or former college or university complete this form, you are giving your consent to allow the requested information be shared with Keene State College.

Student's Name: _____

Current Address: _____

I () am attending or () last attended:

Name of college/university: _____

Date(s) of attendance: _____

TO COLLEGE/UNIVERSITY OFFICIAL:

Please complete the following information on the above-named student, who is applying to Keene State College. The information will be held in strict confidence. Thank you for your assistance. Please return to:

Admissions Office
Keene State College
229 Main Street
Keene, NH 03435-2604

Has the student been involved in any serious disciplinary actions at your school? ☐ Yes ☐ No

Has the student been involved in acts of academic dishonesty? ☐ Yes ☐ No

Is the student eligible to return to your institution? ☐ Yes ☐ No

Please provide any additional commentary that would assist our Admissions Committee in making a decision.

Use the back of this paper if necessary.

Signature: _____ Date: _____

Name (please print): _____ Institution: _____

Title: _____ Phone: _____