



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 Form

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

Permanent address, number and street

City /State /Zip Telephone with area code

Mailing address, if different

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
Date of birth _____
 Month/Day/Year

Social Security number *
 [] [] [] [] [] []

** Students who fail to supply the correct Social Security number are not eligible to apply for financial aid or to access their confidential application records through our online system, WebAdvisor. A KSC email account cannot be issued without the Social Security number.*

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	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.

Student's Name: _____ Social Security Number: _____

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 in good standing and 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: _____