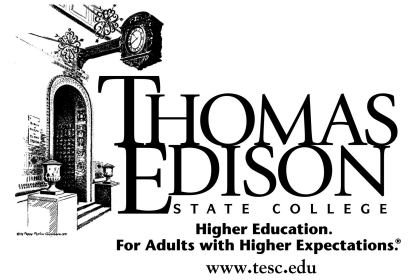


REQUEST FOR RE-ENROLLMENT FROM INACTIVE STATUS FOR GRADUATE STUDENTS



MAIL PAYMENT (U.S. DOLLARS) TO:

Office of Admissions
Thomas Edison State College
101 West State St.
Trenton, NJ 08608-1101
Phone: (888) 442-8372
Fax: (609) 984-8447

GENERAL INFORMATION

PERSONAL DATA

First Name	Middle Initial	Last Name
Maiden or Former Name	Male/Female	
Street Address	Building, Apartment	
City	State	ZIP
Preferred Telephone Number	Secondary Telephone Number	
Birth Date	Social Security No.	E-mail

Check here if information has changed

U.S. Citizen Yes No If no, country of residence _____

RECENT EDUCATIONAL ACTIVITY

I will be sending/have sent transcripts from the following institutions that I attended since my last enrollment:

INSTITUTION	DATE(S) ATTENDED

DEGREE PROGRAM

Degree you are pursuing: _____

Is this a change in your degree program? Yes No

Please note that the degree requirements may have changed since your last enrollment.

APPLICATION FEE

I hereby certify that this information is true and correct to the best of my knowledge.

I understand that the submission of false information may result in dismissal from the College.

Signature: _____ Date: _____

All re-enrolling students must remit the following along with this re-enrollment form.

	IN-STATE	OUT-OF-STATE	INTERNATIONAL
Application Fee	\$75	\$75	\$75

Amount Enclosed \$ _____

Check American Express VISA MasterCard Discover

Card Number _____ Expiration Date: Month/Year _____

Signature: _____ Date: _____