



STATEMENT OF INTENT TO RE-ENROLL AT EMMANUEL COLLEGE

Enrollment for the _____ semester of the _____ academic year.

Name _____ E-Mail Address _____

Address _____

City/State/ZIP _____

Home Phone _____ Cell/Work Phone _____

Do you plan to reside in college housing? _____ Commute? _____

Major _____

Signature: _____ Date: _____

***If you were placed on academic probation or dismissal at the end of your last term of attendance at Emmanuel College, you must submit a written appeal for re-admission with this intent to re-enroll. You will be notified of the time and date of your appointment with the Faculty Senate.

() I have credits at another college or university. I have contact or will contact that institution concerning having my transcripts forwarded to Emmanuel College.

Name of Institution(s) _____

Dates of Attendance _____

Submit all paperwork to: Emmanuel College
Registrar's Office
P O Box 129
Franklin Springs, GA 30639
Fax: 762-847-7011

Questions, please call: 706-245-2818