

**ANTILLEAN ADVENTIST UNIVERSITY
ADMISSIONS OFFICE**

READMISSION APPLICATION

THIS DOCUMENT WILL BE USED FOR GENERAL READMISSION TO THE AAU. THE STUDENT MUST ALSO FILL OUT THE APPLICATION FORM OF THE DEPARTMENT IN WHICH THEY WISH TO STUDY.

Name: _____
Last Name Name Initial

Student ID # _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Indicate the semester and the year in which you would like to incorporate to the AAU:

___ August 20___ ___ January 20___ ___ Summer 20___

Indicate if you are going to take courses to continue a:

___ AA ___ AS ___ BA ___ BS Concentration: _____

___ Course after the title obtained at AAU

___ Regular Student ___ Audit

Indicate the date you last studied at this University: _____

Previous Concentration: _____

If you graduated in the AAU, indicate the year and title: Year: _____ Title obtained: _____

Please indicate if you attended another University after this date: ___ YES ___ NO

If yes, please write the name of the institution and the year attended:

Name of the institution, City & State

Year attended

X _____
Student Signature

Date

**** If you have been out for more than one semester, this application form must be accompanied by the following documents:**

- \$15.00 (readmission fee)
- 2 letters of recommendation
- Medical certificate with the lab results
- "Our life style" page
- Official transcript (if you studied in another University)