

Application for Readmission

Graduate Institute of Applied Linguistics

7500 W. Camp Wisdom Road
Dallas, TX 75236

*** PLEASE COMPLETE FRONT AND BACK OF THIS FORM ***

| | |
|----------------------------------|---|
| Name: _____ | Date: _____ |
| Current Address: _____ | |
| Phone Number: _____ | |
| E-mail address: _____ | |
| Permanent Mailing Address: _____ | |
| Application for: Year: _____ | Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> |
| Social Security Number: _____ | |
| Citizenship: _____ | Green Card holder? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Year last enrolled at GIAL? _____

Name when last registered at GIAL? _____

Your GIAL major when you left? _____

Reason for leaving GIAL? _____

Do you have a Leave of Absence on file with GIAL? Yes No

Have you taken, or do you plan to take courses prior to returning to GIAL?

Yes No

If yes, list school(s) below and submit official transcript(s) of your academic record(s) from school(s).

(Transcripts from outside of the US and Canada need to be evaluated by a Credential Evaluation Service. See GIAL website or contact GIAL Admissions for more information):

#1: _____

#2: _____

Reason for returning to GIAL? _____

Please list the GIAL classes you intend to take upon your return to GIAL
(If thesis, please specify a starting session.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Fee Information

Students applying for reentry are required to submit a \$25 nonrefundable readmission fee. This fee does not apply to GIAL graduates, students whose absence was included in their Intended Plan of Study on file with GIAL prior to 2001, or students who submitted an approved Leave of Absence form prior to their time away from GIAL.

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact: _____

Relationship: **(other than spouse)** _____ Phone: _____

Address: _____

Email: _____

I am aware of the requirements and regulations of GIAL as stated in the current catalog, and I agree to abide by them. I also affirm that all information requested on this application is complete and accurate. I further understand that an omission or misrepresentation of facts on this application could result in my immediate dismissal from GIAL. I understand that items submitted as part of my application are non-returnable including the application fee. Moreover, if I accept an offer of readmission, I hereby authorize GIAL to print or publish any photograph or reproduction likeness of me (with or without specifically listing my name) in any advertisement or publication regarding GIAL. I release GIAL from any liability for printing a photograph or reproduced likeness of me, and I understand that this authorization can only be revoked in writing with a countersignature by an authorized GIAL representative.

Applicant signature _____ Date _____

MAIL ALL DOCUMENTS TO: GIAL ADMISSIONS, 7500 W. CAMP WISDOM ROAD, DALLAS, TX 75236

STATEMENT OF NON-DISCRIMINATION

Consistent with its theological convictions and mission, the Graduate Institute of Applied Linguistics (GIAL) admits qualified students of any race, color, gender, and national and ethnic origin. The disabled shall have all the rights, privileges, and access to programs and activities at GIAL. GIAL does not discriminate because of race, color, gender, or national or ethnic origin in the administration of any of its educational policies, admissions policies, scholarships and loan programs, and other school-administered programs.

For Office Use Only: Graduate Limited Enrollment Undergraduate
 Special Denied

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

Committee Member Signature _____ Date _____

UPGRADE _____ Date _____