



# THE COLLEGE OF THE BAHAMAS

## UNDERGRADUATE APPLICATION FOR READMISSION

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$40.00 READMISSION FEE

*If you have not enrolled for one or more academic years and have not graduated, you must file this application with the Office of Admissions. Please read this application carefully and type or print in black or blue ink*

1. Student I.D.# \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
Last Name First Name Middle Maiden Name

3. Birthdate: \_\_\_\_\_ 4. Birthplace: \_\_\_\_\_  
MM/DD/YYYY Country

5. Citizenship: \_\_\_\_\_ Immigration Status, if not Bahamian:  Permanent Resident  Work Permit  
 Other \_\_\_\_\_

6. Marital Status:  Single  Married  Divorced  Separated  Widowed 7.  Male  Female

8. Current Mailing Address: \_\_\_\_\_  
Street Address Postal Address

City: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

9. Emergency Contact: \_\_\_\_\_  
Name Relationship Phone Contact

10. First Term and Year of Enrollment: \_\_\_\_\_ 11. Last Term and Year of Enrollment: \_\_\_\_\_

12. Previous Programme at COB: \_\_\_\_\_

13. Intended Programme upon Readmission: \_\_\_\_\_

14. Term You Plan to Enroll:  Fall  Spring  Summer Year: 20\_\_\_\_ Full-time  Part-time

15. Have you attended another college/university during your absence from COB?  Yes  No

If yes, please list all institutions attended. You must request all official transcripts to be sent directly to the address indicated on this application. Please note your application cannot be considered without the transcripts and the transfer of credits cannot be processed without relevant course outlines.

| Name of Institution | Address | Dates of | Attendance | Degree or Number of Credits |
|---------------------|---------|----------|------------|-----------------------------|
|                     |         | From     | To         | earned                      |
| _____               | _____   | _____    | _____      | _____                       |
| _____               | _____   | _____    | _____      | _____                       |

16. Have you applied for readmission before?  Yes  No If yes, when? \_\_\_\_\_  
Term/Year

