

REINSTATE MY APPLICATION

Please reinstate my application for the following terms:

_____ Spring Semester 2009

_____ Spring Semester 2010

_____ Summer Semester 2009

_____ Summer Semester 2010

_____ Fall Semester 2009

_____ Fall 2010

If your address has changed since your last application, please make the proper changes below:

Name: _____
Last First MI Maiden

Address: _____

Phone: (____)-____-____ Phone: (____)-____-____

City: _____ State: _____ Zip: _____

SSN#: _____ - _____ - _____ **or** Student ID# **933-** _____

Intended Major: _____

Have you attended other colleges since applying to Waycross College:
____ Yes ____ No

If So List Below:

Name of School	Degree	Dates of Attendance
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Student Signature

Sincerely,
WC Admission Office

Waycross College
Office of Admissions
2001 South Georgia Parkway
Waycross, GA 31503
912-449-7600