

full Name: □Mr. □Ms						
	(last)	(first)		(middle)	(prefe	erred / nickname)
Jniversity ID:	Date of Birth:					
Number) Current Mailing Address:				(mm/dd/yyyy	y)	
in the state of th	(number and street)					
ormonant Mailing Addraga	(city)				(state)	(zip)
ermanent Mailing Address:	(number and street)					
	(city)				(state)	(zip)
				Vhat was you		
	previous attendar	nce at Pacin	fic? V	Vhat was you	r previous m	ajor?
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Why did you leave	Pacific and what prompts you to return?
	fic have you been dismissed, suspended, or placed on probation by any college or S No If Yes, please explain:
If you have not bee	en in school since last enrolled at Pacific, please summarize your activities :
evaluate your application	ember of the Armed Forces, please submit a certified copy of DD Form 214. The Office of Admission will on and determine if you're entitled to any credits.)
What is you If you are complete in the second seco	f the U.S? \[\] No. If No, please complete the following in the box below. In country of citizenship? \[\] \[
Date:	Signature of applicant

If there are any questions, please feel free to contact us: Office of Admission 3601 Pacific Ave., Stockton, CA 95211, Phone: (209) 946-2211, Fax: (209) 946-2413 or email: admission@pacific.edu.