



Kilgore College Reactivation Form

Office of Admissions & Registrar

1100 Broadway - Kilgore, TX, 75662

Phone: (903) 983-8606 – Fax: (903) 983-8607

Email: kcadmissions@kilgore.edu (Copy of ID is required for email or fax)

This form is to be completed by a prospective KC student who has applied within the last twelve months but did not attend. This form may also be used by a student who has sat out one long semester (fall or spring) and wishes to return within a twelve month period. This form cannot be used for reclassification of residency or change of district status. Failure to enroll in the term indicated on the form will require the student to submit a new application for admission. Please print and submit the following information to the *Office of Admissions*.

Which semester are you returning? Semester: _____ Year: _____ KC ID: _____ Major: _____

Name: _____

Has your name changed since your last application to KC? YES NO If yes, please list previous names used at KC:

Date of Birth: _____ / _____ / _____ E-Mail: _____
Month Day Year

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Have you resided or attended college outside the state of Texas since you last applied to KC? YES NO

For students who were previously enrolled, your last semester of attendance: (circle one) ACADEMIC YEAR: _____

Fall Spring Summer I Summer II

Did you attend another college or university since your last attendance at KC? YES NO

Please list all colleges and universities that you have attended since last applying to KC (include dates of attendance).

Have you requested these transcripts be sent to KC? YES NO If you answered NO, please request official transcripts be sent to KC.

This form must be submitted to the Office of Admissions prior to registration.

Certification Statement:

As a student, I seek readmission to Kilgore College and certify that there has not been more than a twelve month break in my attendance. I understand that any period of absence from KC may extend my original expected time of completion. I understand it would serve my interest to speak with a program director and/or other College administrators prior to making this academic transition. I acknowledge this form cannot be used for reclassification of residency or change of district status. By signing, I certify that all information stated above is true and accurate to the best of my knowledge.

Signature (required): _____ Date: _____

DISCLAIMER: Degree requirements are subject to change at any time without notice. General Studies advisors update the information at least once each year or as notified. Ultimately, it is the student's responsibility to verify all academic requirements with a desired major.

Office Use Only:

Received by: _____ EX updated: _____ Fin Aid Notified: _____ Processed by: _____