

Military Re-Admission Update Form

Name _____ Student Number B0 _____

Mailing Address _____

City, State, Zip _____

Permanent Address _____
(if different from mailing)

City, State, Zip _____

Phone _____ E-Mail Address _____

Major _____

*Colleges attended since leaving UAB _____

****Students who have attended another college/university or taken CLEP exams must submit official transcripts to the Admissions Office.***

Last Term Enrolled _____ Returning Term and Year _____

Please contact your academic advisor before registering for classes.

Student's Signature _____ Date _____