



**Admissions Office**

402 E. College Street

Bridgewater, VA 22812

540-828-5375/800-759-8328

**Request for the Reactivation of Application for Admission**  
*(for students who have completed applications within the last two years)*  
**(Please print or type)**

Name \_\_\_\_\_

Street Address (Home) \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Street Address (Current, if different from above) \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Please indicate at which address you wish to receive correspondence: Home \_\_\_\_\_ Current \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Current) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Year for which previous application to Bridgewater College was made \_\_\_\_\_

Term you wish to begin at Bridgewater College: Fall 20\_\_\_\_ Interterm 20\_\_\_\_ Spring 20\_\_\_\_

Marital Status \_\_\_\_\_

Check one: I will be a \_\_\_\_\_ resident student\* \_\_\_\_\_ non-resident student\*\*.

\*If you change your status to commuting in the future, you must meet the requirements for being a commuting student as stated below.

\*\*A student will be allowed to live off-campus if he/she meets one of the following conditions: (1) the student lives at home with his/her parents or legal guardians within Augusta, Highland, Page, Rockingham or Shenandoah Counties in Virginia; (2) the student is 23 years of age or older at the start of the school year at issue; (3) the student is/was a member of the armed forces; or, (4) the student is married or is a custodial parent. In addition, a student may request a special waiver from the Dean of Students if the student has a documented medical, physical, or health need that cannot be met by any of the housing options available on campus. The special waiver is effective only for the year in which it is granted; the request must be renewed each year in which the waiver is sought.

Do you wish to apply for financial aid? \_\_\_\_\_

Major: \_\_\_\_\_ Intended Vocational Objective \_\_\_\_\_

Please update information since last application:

A. Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

B. College Attended \_\_\_\_\_ College Attended \_\_\_\_\_  
Dates \_\_\_\_\_ Dates \_\_\_\_\_  
Dean of Students \_\_\_\_\_ Dean of Students \_\_\_\_\_

C. Branch of Military Service \_\_\_\_\_  
Dates \_\_\_\_\_  
Rank \_\_\_\_\_

Please state your reasons for wishing to attend Bridgewater College and you educational goals:

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**I have read the current catalog, and I understand and agree to cooperate in the maintenance and support of the standards and ideals of Bridgewater College.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Bridgewater College seeks to enroll qualified students regardless of sex, race, color, creed, national or ethnic origin, or handicap; and further, it does not discriminate on the basis of sex, race, color, creed, national or ethnic origin, or handicap in the administration of its educational policies, employment practices, admissions policies, scholarship and loan programs, and athletic and other college administration programs and activities.*