

**NORFOLK STATE UNIVERSITY
OFFICE OF ADMISSIONS
700 PARK AVENUE
NORFOLK, VA 23504**

UPDATE APPLICATION FORM

NOTE: This Form should be completed only by first time degree-seeking applicants who did not enroll the semester for which originally applied. Your admission can be reactivated up to one calendar year, after which you must complete an admissions application.

Social Security Number: _____

Last Name: _____

First Name: _____

Middle Initial _____

Permanent Address: _____

Apt.# _____

City: _____

State: _____

Zip: _____

Home Phone: () _____

Semester/Year Applied or Admitted to Norfolk State University: Fall _____ Spring _____ Summer _____ Year _____

Semester/Year Plan to Enroll: Fall _____ Spring _____ Summer _____ Year _____

Please list all Colleges and/ or Universities you have attended since submitting your application for admission to Norfolk State University.

Name of Institution(s): _____	Dates of attendance: _____
_____	Dates of attendance: _____
_____	Dates of attendance: _____
_____	Dates of attendance: _____

YOUR APPLICATION WILL BE RE-EVALUATED AFTER YOU HAVE AN OFFICAL TRANSCRIPT SENT TO THE OFFICE OF ADMISSIONS.

Signature: _____

Date: _____