**U Wide Form:**

UM 1772

**Rev: 04/25/2017**

For questions contact: Graduate Admissions

612-625-3014

309 Johnston Hall
gsquest@umn.edu



# **Request for Readmission:**

# **Post-baccalaureate Certificates,**

# **Master’s and Doctoral Degree Programs**

To be considered for readmission, you will need to submit this form to your adviser and Director of Graduate Studies for signature approval. **Please contact your program for additional requirements**.

**I am not currently registered, and I am seeking readmission to the same program/degree because:**

* + I was enrolled last term but **neglected to register for the current term**. *(fee waived)*
	+ I need to register for **one term only** to clear for graduation. (*fee waived*)
	+ In lieu of completing the University’s online application, my graduate program has instructed me to complete the form below. After this form is received by the admissions office, you will be contacted to submit the $75 processing fee payment.

This completed/signed form should be routed to the Office of Graduate Admissions, University of Minnesota, 309 Johnston Hall, 101 Pleasant Street SE, Minneapolis, MN 55455-0421*,* or gsquest@umn.edu*.*

|  |  |
| --- | --- |
| Last/Family/Sur-Name, First Name, Middle Name | Student I.D. Number |
| Email Address | Daytime Phone Number |
| Complete Mailing Address (street, city, state, zip, country): |
| Permanent Mailing Address (if different from address above): |
| Birthdate | Country of Birth | Country of Citizenship | If non-U.S. citizen, please indicate visa type. |
| Are you a member of the U of M academic staff? (does not include Teaching or Research Assistants) Yes: [ ] No:[ ] If yes, please give title of position:  |
| Previous major field and degree objective for which you would like readmission: |
| Last term registered:  |
| Term and year for readmission:  | College:  |
| If your past degree objective was the Ph.D., did you pass your preliminary orals?: Yes: [ ] No:[ ]  If yes, Month/Year passed:       |
| Adviser’s Name: Adviser’s Email:  |
|  DGS’s Name: DGS’s Email:  |

**Recent Employment/Residency History**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title Place of Employment Address (City/State) Dates

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | From:       To:       |
|  |  |  | From:       To:       |

State of Legal Residence: Do you presently live in Minnesota? Time lived in Minnesota (Years/Months): When did you last move to Minnesota? Why did you move to Minnesota?  |
| **Deadline for degree completion (term and year):** **University and program requirements (program student handbook) that will apply to student upon readmission (please indicate requirement term and year):** **Note to adviser and DGS:** *The graduate program may determine if additional specific conditions for readmission are required. All additional conditions must be communicated to the student, in writing, by the graduate program.***To be signed by the student seeking readmission.** *I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for denial of admission and for canceling admission or registration and that submission of fraudulent credentials may also be a criminal offense.**I also certify that:**[ ]  I have been informed by my program in writing of the additional conditions attached to my readmission* *[ ]  No additional conditions have been attached to my readmission* *[ ]  I am requesting express readmission* *Applicant Signature\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_**\_\_\_\_\_\_\_\_\_* |
| **To be signed by the Adviser and Director of Graduate Studies.***I certify that the program has conducted any necessary review of the student’s graduate academic record and recommend the above named student be readmitted to the program. In cases where additional conditions to readmission are attached to the request, these have been communicated to the student in writing.*            Signature, Adviser Program Date            Signature, Director of Graduate Studies\* Program Date |
| **Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **Date:**  | **Career Number:**  | **Minor Code:**  |

**Payment Required: YES / NO Payment Received: YES / NO****Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |