

APPLICATION FOR READMISSION

Student: Complete and forward to Office of Student Affairs

This application is only for previously enrolled students who have not registered for two or more years. An application for readmission should be submitted to the Office of Student Affairs two months prior to the beginning of the registration period for the term in which you plan to resume study.

Readmission requested for: 9 Autumn 9 Spring 9 Summer Year_____

(Please Print)

Name: _____ UNI: _____
last First middle

Please print any variation(s) of your name which you have used on official records (e.g., maiden name)

Address: _____

Tel. No.(Day)_____ (Evening)_____ E-Mail_____

Degree: _____ Department/Track_____

First date of Public Health registration _____ Last date of registration _____
Term/year Term/year

Name of institutions/organizations where you have studied or worked, with dates, since last registered in Public Health. Also enclose resume or curriculum vitae. Provide official transcript for academic work.

Dates:

Readmission is subject to Department and Dean=s Office approval. We will review your academic record, existing file and any information you provide in this application to reach a decision on your request.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Department Recommendation: 9 Readmit 9 Reject
Comments _____

Date _____ Signature _____

Dean=s Office Recommendation:

Comments _____

Date _____ Signature _____