

Application for Graduate Re-Admission

If your matriculation has been closed due to an absence of one calendar year or more, you must complete and submit an Application for Graduate Readmission. Admissibility and catalog eligibility will be determined upon readmission. All supporting materials detailed in the Guidelines for the Re-admission Process must accompany this form and be submitted to the College of Graduate Studies. A fee of \$50 is assessed for the re-admission process. This fee is applied to your student account at the time the re-admission process is completed.

PLEASE PRINT

Note: The address and e-mail information that you provide will be used to update our records.

Name: _____ Previous Name(s) _____
Last First Middle

SSN/Rocket ID: _____ Birth Date: _____ E-mail Address: _____
MM/DD/YY

Local Address: _____
Number Street Apartment No. City State Zip

Permanent Address: _____
Number Street Apartment No. City State Zip

Local Phone: (____) _____ Last Attended UT: _____ Previously Enrolled Program: _____
Year/Term

List Colleges/Universities attended since your last enrollment at UT:
(you must have transcripts sent from these institution(s) to the College of Graduate Studies)

Institution	Dates Attended	Institution	Dates Attended
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RESIDENCY HISTORY

Most recent dates you have lived in Ohio (choose one): Birth to Present From ____/____/____ to ____/____/____ Never
Month Year Month Year

If you have lived in Ohio less than 12 months, your previous state of residency was: _____

If you are a resident of Michigan, please indicate the County of residence and the dates you lived there.

County of Residence: _____ Dates of Residency: Birth to Present From ____/____/____ to ____/____/____
Month Year Month Year

If you believe that your residency status has changed since last attending the University of Toledo, you must complete the Application for Non-Resident Fee Exemption available through the Bursar's Office. The University of Toledo Residence Committee will review your application to determine if you qualify for a change of status.

STATEMENT OF INTEGRITY

I certify that the information above is true and complete. I understand that withholding information requested or giving false information may make me ineligible for readmission and enrollment.

Signature: _____ Date: _____

For Academic Program/College Use Only Effective Year/Term: _____

College: _____ Major: _____ Degree: _____ Expected Graduation Term: _____

Signature of Advisor or Dept. Chair _____ Date _____ Signature of Associate Dean or Designee _____ Date _____

**Please forward completed form and all materials to the College of Graduate Studies.*

For College of Graduate Studies Use Only

All materials received: _____ Missing: _____ Matric. Open: _____ Matric. Close: _____

Catalog/Year: _____ Cumulative GPA: _____ COGS Approval _____ Banner
Date

Notification to Student/Advisor: _____ Notification to Business Manager: _____
Date of E-mail Date of E-mail