

GRADUATE READMISSION APPLICATION

This application must be submitted to your academic college if your matriculation has been closed due to an absence of one calendar year or more. Admissibility and catalog eligibility will be determined upon readmission by your program. All supporting materials detailed in the [Graduate Readmission webpage](#) must accompany this form and be submitted to the College of Graduate Studies via email: GCACademicSVCS@utoledo.edu. A \$50 fee is assessed for the readmission process. A link to our secure Touchnet payment site will be sent to your email listed below to collect payment once approved for readmission. Applications submitted after the first week of the term will not be processed for that term. Incomplete applications will be returned.

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

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

Rocket ID: _____ Birth Date: _____ E-mail Address: _____

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 UToledo: *(transcripts are required from these institution(s))*

Institution	Dates Attended	Institution	Dates Attended
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STUDENT CONDUCT AND COMMUNITY STANDARDS (SCCS) REQUIRED

Please complete the three-question webform from the Office of Student Conduct & Community Standards (OSC & CS). Answering 'Yes' to any question will not automatically deny you readmission but will undergo an additional review with the OSC & CS. [COMPLETE SCCS NOW](#).

STATEMENT OF INTEGRITY

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

Student Signature: _____ **Date:** _____

RESIDENCY HISTORY

Your residency was determined on your initial admission. If you believe your residency status has changed since last attending The University of Toledo, you must complete and submit an *Ohio In-State Residency Application* before the reclassification term deadline. Residents of Monroe County, MI may apply for reciprocity using the *Monroe County Michigan Reciprocity application*. Visit the [Ohio In-State Residency and Reciprocity information webpage](#) for application deadlines, links to forms, and Ohio Revised Code on residency. Questions may be sent to residency@utoledo.edu.

For Academic Program/College Use Only - **Please forward completed form and all materials (Plan of Study...) to GCACademicSvc@utoledo.edu*

College: _____ Major: _____ Degree: _____ Program Code: _____

Cumulative GPA: _____ Term of Readmission: _____ Expected Graduation Term: _____

Check all attached: Updated Plan of Study Transcripts Time Extension/Course Recert Transfer Request Fresh Start

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

For College of Graduate Studies Use Only

All materials received: YES NO Missing: _____ Matric. Open: _____ Catalog Term: _____ GPA: _____

1st Term: _____ Last Term: _____ Courses out of time to degree: _____ Extension Fees: _____ Hold: _____

COGS Approval _____ Request to pay sent: _____ \$50 Fee Received: _____

Student Conduct Received: _____ Banner Updated: _____ Confirmation Sent: _____ Indexed: _____