

## 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
-------------	----------------	-------------	----------------

**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