

Doctoral Readmission

Please complete all information and return the completed form to the office of the department in which you are completing your degree.

Eagle I.D. Number: _____

Student's Full Name: _____

Permanent Address: _____
Number and Street

_____ City State Zip

_____ Telephone

Please complete the following regarding your returning status:

Degree Program _____

Date of Matriculation _____
(Semester and year)

Expected Graduation Date _____
(Semester and year)

What was the last date you attended classes at the Lynch School? _____
(Semester and year)

When are you planning to return to the Lynch School? Fall 20____ Spring 20____ Summer 20____

Signature of Student

Date

Have you ever received financial aid? Yes No

From what status are you returning?
 Voluntary withdrawal
 Mandatory withdrawal
 Leave of Absence

FOR DEAN'S OFFICE USE ONLY:

Readmission is: Approved Not approved

Signature of Program Director / Program Coordinator (if applicable)

Date

Signature of Department Chair

Date

After final action: original to student file, copy to Office of Graduate Student Services (Campion 135).