



Office of Graduate Studies

Application for Readmission

Last Name: _____ First Name: _____
 Student ID: _____ Degree Program: _____
 Department/School: _____

The \$110 application fee must be paid through Enrolment Services before submitting this application to the Office of Graduate Studies.

APPLICANT TO COMPLETE:

Requested re-entry semester: Fall Winter Summer Year: _____

Describe the stage at which you left your program and indicate what requirements are remaining:

List any academic work completed subsequent to your last registration in this program (official transcripts are required):

Classification Requested

(Note: Part time classification would normally be approved ONLY if you were previously registered as a part-time student)

Full-time Part-time

Are you able to finance your program?

(Note: A departmental finding form is required)

Yes No, full assistance is required No, partial assistance is required

Please indicate your contact information:

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Phone Number: _____

I hereby apply for readmission to the program in which I was previously registered and from which I have been absent for at least one semester. I wish to continue my program from the point which it was discontinued, and apply for full credit for courses and semesters which have been completed.

Student Signature: _____ Date: _____

If paying by credit card, payment signature is required:

Visa or MasterCard holder's signature: _____ Date: _____

For Enrolment Services: \$110 Readmission fee received; Receipt# _____

Readmission Decision Form

DEPARTMENT/SCHOOL TO COMPLETE

The Graduate Admission Committee of the Department has reviewed this application for admission; decision and recommendations are listed below:

Graduate Coordinator Signature: _____

Date: _____

Graduate Coordinator Signature: _____

Date: _____

A) The applicant is recommended for re-admission:

1. Entry semester: _____

2. Category: (Note: Attach requirements to satisfy provisional status) Regular Provisional

3. Credit granted for work previously completed (Note: Attach list of credited courses):

Full Partial

4. Funding: A new funding form is required for each readmission.

5. For information regarding this program, the student should contact: _____

6. Please describe below the requirements remaining for the completion of this student's program:

B) The applicant is NOT recommended for re-admission:

Reject; does not meet Department/School admission standards

Reject; no space/advisor/funding available

Reject; other reason _____

OFFICE OF GRADUATE STUDIES USE ONLY:

Readmitted:

Yes, for _____

No, file closed: _____

Reviewed by _____ for Dean of Graduate Studies. Date: _____

Completed forms can be dropped off in person or mailed to the Office of Graduate and Postdoctoral Studies, University of Guelph, 3rd floor University Centre, or faxed to (519) 763-6809.

Payment Information

Please indicate if payment will be through Visa or MasterCard:

Visa

MasterCard

Credit card number: _____ / _____ / _____ / _____

Expiry: ____ / ____

Card holder's name: _____

Please note: The card holder's signature is required on page 1

Payment information will be destroyed upon successful payment process.