

Application for Readmission

Last Name: Student ID:		Name:ee Program:	
Department/School:	Degi	ee 110graiii	
The \$110 application fee will be Postdoctoral Studies.	charged to your student account after	r the form has been submitte	ed to the Office of Graduate
APPLICANT TO COMPLETE:			
Requested re-entry semester	: Fall Winter	Summer Year:	
Describe the stage at which y	ou left your program and indicate wh	at requirements are remai	ning:
List any academic work comp	leted subsequent to your last registra	ation in this program (offici	al transcripts are required)
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Classification Requested (Note: Part time classification would	normally be approved ONLY if you were pre	viously registered as a part-time	student)
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Are you able to finance your possible (Note: A departmental finding form Yes) Please indicate your contact it Address: City: E-mail: Phone Number: I hereby apply for readmission to	Full-time	Part-time No, partial assistan Post	al Code:
Are you able to finance your point (Note: A departmental finding form Yes) Please indicate your contact it Address: City: E-mail: Phone Number: I hereby apply for readmission to one semester. I wish to continue	Full-time	Part-time No, partial assistant Post egistered and from which I has discontinued, and apply for	al Code:
Are you able to finance your power (Note: A departmental finding form Yes Please indicate your contact it Address: City: E-mail: Phone Number: I hereby apply for readmission to one semester. I wish to continue semesters which have been come	Full-time	Part-time No, partial assistant Post egistered and from which I has discontinued, and apply for	ave been absent for atleast

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: _____ Regular Provisional 2. Category: (Note: Attach requirements to satisfy provisional status) 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 ______ AVP, Graduate Studies.

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.