



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:

[Empty text box for describing the stage of leaving the program]

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

[Empty text box for listing academic work completed]

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 atleast 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 \_\_\_\_\_ AVP, 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.*