Date:



Application for Readmission - Graduate Students

NOTE: Application MUST be filed by applicants who were absent from any term or who formally withdrew. Readmission is subject to program approval and is not guaranteed. Completed application must be accompanied by a new statement of purpose, transcripts for any academic work completed since last enrollment and payment reciept of \$70 for the readmission fee (nonrefundable). Also, new letters of recommendation are strongly advised.

All readmitted students must complete a new Statement of Legal Residence (SLR). **Readmission requested for:** Fall Spring Year: Name: __ Student ID: First Middle Name under which you were last registered at Merced (if different from above): Last First Middle Local address: ____ Street City/State/Zip Telephone Permanent address: ____ Street City/State/Zip Telephone E-mail address: Will you be in residence at UC Merced for the entire semester? _ Yes No Last Term Registered: Пма \square MS PhD Last field of study at UCM: Major $\prod MA$ Requested field of study upon readmission: \prod MS ☐ PhD Maior List any institutions attended since last registered at UC Merced (including other UC campuses): Name and Location of School or College Entered Withdrew Type of Degree Conferred **Date of Conferral** Month/Year Month/Year or to be Conferred OFFICIAL TRANSCRIPTS FROM INSTITUTIONS LISTED ABOVE MUST BE SUBMITTED TO THE GRADUATE DIVISION. I certify that this information is true and complete. Applicant Signature: Date: _____ FOR PROGRAM USE ONLY: Approved: Denied: Reason for Denial: Date: _____ Graduate Advisor: Graduate Group Chair: Date: FOR GRADUATE DIVISION USE:

Graduate Dean: