

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 receipt of \$70 for the readmission fee (nonrefundable). Also, new letters of recommendation are strongly advised.

All readmitted students must complete a new St	atement of Legal Re	sidence (SLR).			
Readmission requested for: Fall Fall Fall	Spring	Year:			
Last Name under which you were last registered a	First t Merced (if differe		Aiddle		
Last	First	M	liddle		
Local address:					
Street		City/State/Zip	Telep	phone	
Permanent address:		G': /g: //Z'			
Street	City/State/Zip		Telep	Telephone	
E-mail address:					
Will you be in residence at UC Merced for th	e entire semester? _	Yes No	Last Term Registered:		
Last field of study at UCM:	Major		□ MA □ MS □ MM	☐ MSPH ☐ PhD	
Requested field of study upon readmission: _			□ MA □ MS □ MM	☐ MSPH ☐ PhD	
	Major				
List any institutions attended since last registere	d at UC Merced (inc	luding other UC campu Withdrew	Type of Degree Conferred	Date of Conferral	
Name and Location of School or College	Month/Year Withdrew Month/Year		or to be Conferred Date of Conferral		
OFFICIAL TRANSCRIPTS FROM IN: I certify that this information is true and comp		 ED ABOVE MUST BI	_ E SUBMITTED TO THE GRAD	UATE DIVISION .	
Applicant Signature:			Date:		
FOR PROGRAM USE ONLY:					
Approved: Denied: Reasons for	or Denial:				
Graduate Advisor:			Date:		
Graduate Group Chair:			Date:		
FOR GRADUATE DIVISION USE:					
			D .		
Graduate Dean:			Date:		