

University of Michigan-Dearborn

READMISSION FORM

[insert name of unit]

4901 Evergreen Road
Dearborn MI, 48128-2406

Please print, use ink, and press hard so all copies are legible.
Student completes items 1 through 9.

Term/Year of desired readmission

- 1. I request readmission to the following U of M-Dearborn unit: CASL, CECS, EDUC, MGMT with addresses and phone numbers.

2. Desired major

3. Name (Indicate maiden name or name at time of previous admission)

Address Street City State Zip

ID# Birth date Sex

E-mail Phone

4. Michigan resident? Yes No U.S. Citizen? Yes No If no, then fill out first page of Admission Form

5. Last term registered at UM-D: (Term) (Year) Unit (circle one): CASL CECS EDUC MGMT

6. Have you taken courses elsewhere since last attending U of M-Dearborn? No Yes If yes, list the schools or colleges attended below, and request that official transcripts from these institutions be sent directly to the readmitting school or college checked above.

7. If you want CASL BGS/Lib. St., list the Three Areas of Focus

8. If TEACHER CERTIFICATION: Elementary () Secondary () Have you taken the Basic Skills Test? Yes () No ()

Teaching major Teaching minor

9. I understand that if I have not registered at U of M-Dearborn for more than one full year, I must follow the latest degree requirements.

Student's Signature Date

TO BE COMPLETED BY ADMITTING SCHOOL OR COLLEGE:

Student's name Advisor

Transcript(s) needed Transcript(s) received

Readmit Readmit Denied No Action In good standing On probation

Please readmit for: Term/Year Unit Catalog Term and Year

Major Minor Prob. Code Cert

Credit toward program GPA Class level

Comments:

Authorized Signature

Date