

For office use only

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



APPLICATION FOR READMISSION

(START YOUR ANSWERS ON THIS FORM. IF YOU NEED ADDITIONAL SPACE, YOU MAY USE THE REVERSE SIDE OR ATTACH SHEETS AS NECESSARY.)

Name _____ Student Number _____
 Last First Middle

Address _____ Today's Date _____
 Street

_____ Phone No. _____
 City State Zip

Readmission desired for _____ Semester _____ Year

The completed application and all supporting documents must be received at least **SEVEN CALENDAR DAYS PRIOR** to the beginning of the above term.

1. Occupations or jobs since last enrollment at UNI:

<u>Dates</u>	<u>Occupations</u>	<u>Employer</u>	<u>Address</u>
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2. Schools or colleges attended **SINCE LAST ENROLLMENT** at UNI (provide transcript copy):

<u>Dates</u>	<u>School/College</u>	<u>Address</u>	<u>Degree</u>
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3. If readmitted, program would be: _____ Teaching _____ Non-teaching _____ Undecided

Major would be: _____ Undecided

4. Why do you feel that this is an appropriate program and major for you?

5. Outline your academic goals and immediate plans to reach those goals once readmission is granted. List specific courses that you plan to complete in your next registration.

6. With whom have you had recent contact regarding your educational goals and academic problems?
- A) Major or proposed major department _____, no contact _____.
(name)
- B) Other academic advising services _____, no contact _____.
(name)
7. Why do you feel that you will do a better academic job than you did before? What evidence can you present in support of your belief that you will do so (To say that you will study more is not an adequate answer.) Be specific.
8. Do you plan to be employed while attending the University? _____
- How many hours of employment a week? _____ Employer: _____
- How many credit hours of university course work do you plan to carry? _____
9. What were the causes of your previously deficient academic performance? How have these factors been reduced or eliminated?

10. I wish to schedule a personal meeting with the Committee on Admission and Retention to discuss my application for readmission. Yes _____ No _____. I understand that if I wish make a personal appearance before the Committee I must make desire known at this time.

It is hereby certified that the information I have provided on this application for readmission, and any additional material I may provide in support of this application is complete, accurate and true. It is understood that misrepresentation, omission of information or failure to provide complete information may cause delay of consideration, or cancellation of the application or registration.

In addition, I understand that my registration is subject to cancellation if I fail to abide by specified restrictions under which I may be readmitted.

Date

Signature

NOTICE: this information is requested to facilitate consideration of your application for readmission. All information other than directory information is confidential and will not be released to third parties. All items are required. Therefore incomplete forms may not be processed.