



School of Graduate Studies

Office of the Dean · School of Graduate Studies
25 Bishop Place · New Brunswick · New Jersey 08901-1181
848/932-7034 · 732/932-7407

APPLICATION FOR READMISSION

- Formerly matriculated master's, pre and post-qualifying doctoral degree candidates who have not maintained continuous registration and intend to re-register in the same program.
Post-qualifying doctoral degree candidates are subject to a restoral fee.
Complete and submit form to Graduate Director for signature.
Official notification will be received from the School of Graduate Studies, 25 Bishop Place, CAC.

STEP 1: TO BE COMPLETED BY THE STUDENT:

Name _____ RUID# _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Citizenship: U.S. _____ U.S. Perm. Res. _____ Foreign _____

Desired Program and degree status _____

Date of first admission _____ Term of last registration _____

Credits completed _____ Date of Ph.D. Qualifying Exam (if taken) _____

Term effective: Fall _____ Spring _____ Summer _____ Year _____

Please explain why you discontinued graduate study. Describe your present intentions and future academic plans.

Multiple horizontal lines for writing the explanation.

STEP 2: TO BE COMPLETED BY GRADUATE DIRECTOR:

The candidate IS _____ IS NOT _____ acceptable for readmission to the graduate program in _____ as a candidate for the _____ degree. The reason for *acceptance* or *non-acceptance* is as follows:

Prospective Director

Date

STEP 3: TO BE COMPLETED BY THE CENTER FOR GLOBAL SERVICES:

International Students must provide financial documentation to submit for review to the Center for Global Services, 180 College Avenue, CAC. The endorsement must be obtained *after* submitting to program director.

Signature

(International Student Advisor)

Date

STEP 4: TO BE COMPLETED BY THE SCHOOL OF GRADUATE STUDIES:

Conditions for this readmission: _____

School 16 Class _____ Curriculum _____

Approved _____ Not Approved _____ Effective: Fall _____ Spring _____ Summer _____ Year _____

Restoration fee (if applicable): _____ (terms) _____

Dean's Signature

Date