



Office of the Dean · Graduate School-New Brunswick
25 Bishop Place · New Brunswick · New Jersey 08901-1181
732/932-7034 · 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 Program Director for signature.
- Official notification will be received from the Graduate School-New Brunswick, 25 Bishop Place, CAC.

TO BE COMPLETED BY THE STUDENT:

Name _____ ID# _____

Street _____

City _____ State _____ Zip _____

Telephone (day) _____ Email _____

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

Desired Program and degree status _____

Date of first admission _____ Term of last registration _____

Credits completed _____ Ph.D. Qualifying Exam taken _____ When _____

Term effective: Fall _____ Spring _____ Summer _____ Year _____

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

TO BE COMPLETED BY INTERNATIONAL SERVICES:

International Students must provide financial documentation to submit for review to the Office of International Faculty and Student Services, 180 College Avenue, CAC. The endorsement must be obtained after submitting to program director.

Signature (International Student Advisor)

Date

TO BE COMPLETED BY GRADUATE PROGRAM 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

Graduate Director: After reviewing this form, please return to the Graduate School-New Brunswick, 25 Bishop Place, CAC.

TO BE COMPLETED BY GRADUATE SCHOOL-NEW BUNSWICK:

Conditions for this readmission: _____

School 16 Class _____ Curriculum _____ Degree _____

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

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

Dean's Signature

Date