

See mailing instructions on back

**TO BE COMPLETED BY ADMITTING SCHOOL OR COLLEGE**

<b>Student's Name</b>	<b>Student's UMID</b>	<b>Advisor</b>
<b>Transcript(s) needed</b>		<b>Transcript(s) received</b>
Readmit <input type="checkbox"/>	Denied <input type="checkbox"/>	No Action <input type="checkbox"/> In good standing <input type="checkbox"/> On Probation <input type="checkbox"/>
<b>Please readmit for:</b>		
Term/Year _____	Unit _____	Catalog Term and Year _____
Major _____	Minor _____	Prob. Code _____ Cert _____
Credit toward Program _____	GPA _____	Class Level _____
<b>Comments</b>		
_____		
_____		
_____		
_____		
_____		
<b>Authorized Signature</b> _____ <b>Date</b> _____		

For more information or to mail the form, refer to the academic unit information to which you are applying for readmission:

**CASL**  
University of Michigan-Dearborn  
1039 CB  
4901 Evergreen Road  
Dearborn, MI 48128-2406

Telephone: 313-593-5293  
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If faxing, send front and back.

**COB**  
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Distribution:

- Student
- Registration and Records
- Academic Unit