

Desired Term:	Fall	20
	Winter	20
	Summer	20

# **Readmission Form**

TO BE COMPLETED	BY STUDENT <i>(PLEASE PRINT CLE</i>	ARLY)								
Last term register	ed at UM-Dearborn:			Previous UM-I	Dearbo	rn unit:				
Term	Year	<del></del>		□ CASL		□ СОВ	□ CECS	П	CEHHS	
I now request rea	admission to the following UM-De	earborn unit:		CASL*		СОВ	□ CEC		☐ CEHHS**	
Desired Major/Co	ncentration				Desire	d Minor				
*If you want CASL	. General Studies/Liberal Studies	s, list the thre	ee area	s of focus:						
-	ng BGS Children and Families?	☐ YES								
_	ourses elsewhere since last atter	•				S □NO				
If yes, list the colle	ges attended and request that your	official transc	cripts be	e sent directly to	the rea	idmitting sch	ool or college ch	necked above	е.	
Social Security Number or UMID			Date of Birth (mm/dd/yy)				Ge	nder □ Fer	i <b>der</b> □ Female □ Male	
Last Name		Fire	First Name		Middle Name		Former Name			
				•						
Current Address (	Number & Street)	City			Sta	ate (Country	if Outside USA)	Zip Code		
Home Phone Cell Ph			ione				Work Phone			
Email Address										
Are you a residen	t of Michigan? ☐ YES ☐ NO	(If YES, sin	ce wha	t date have you	continu	ously lived ir	n Michigan?	_//	_)	
Michigan Residency: If you answered "yes" and any of the following circumstances apply (listed below), you must file an applicant for Resident Classification and be approved in order to qualify for in-state tuition. (For information about claiming residency and to obtain the necessary forms, please visit www.umich.edu/~regoff/resreg.html.)										
□ I currently live outside the State of Michigan for any reason □ I have attended college outside the State of Michigan □ I have been employed or have lived outside the State of Michigan within the last three years □ I am not a U.S. citizen or Permanent Resident Alien. If I am a Permanent Resident Alien, I have a Permanent Resident Alien card □ My spouse, partner, or parent is in Michigan as a non-resident student, medical student, fellow, or for military assignment or other temporary employment □ I am younger than 25 years of age, and one or both of my parents lives outside the State of Michigan □ I am younger than 25 years of age and have graduated from a high school outside the State of Michigan □ I have attended or graduated from high school outside the State of Michigan, and I have been involved in educational pursuits for the majority of time since high school □ I have previously attended any U-M campus as a non-resident										
Citizenship	□ U.S. Citizen □	Non-U.S. Citiz	zen (Co	ountry of Citizen	ship				)	
Place of Birth	City	State/P	rov		ZIF	P/Postal Cod	e	_ Country _		
Non-U.S. Citizens										
	□ U.S. Permanent Resident: Alien Registration number									
☐ Temporary Visa Holder: type of visa you have or plan to obtain (such as: B-1, F-1, H-4) ☐ Other Status (such as: refugee)										
Have you ever been expelled, suspended, or placed on probation by any secondary school or college you have attended, for reasons of academic dishonesty, or because of an offense that harmed or had the potential to harm others?							□NO			
Have you ever been convicted of a criminal offense, or found to be delin charges pending against you at this time?							•	☐ YES	□NO	
If you answered "ye	If you answered "yes" to either of the above two questions, you must submit a detailed statement of explanation on a separate sheet of paper.									
By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in the revocation of admission. I understand that if I have been off-campus for more than one year, I must follow the latest degree requirements in effect at the time of readmission.										
Signature (required) Date							_			

See mailing instructions on back

TO BE COMPLE	ETED BY ADMITTING SCHOOL OR COLI	_EGE				
Student's Name		Student's UMID	Advisor	Advisor		
Transcript(s)	needed	Transo	cript(s) received			
Readmit	Denied	No Action	In good standing	On Probation		
Please readm	it for:					
	Term/Year	Unit	Catalog Term an	Catalog Term and Year		
	Major	Minor	Prob. Code	Cert		
	Credit toward Program	GPA	Class Level			
Comments						
Authorized Si	gnature		Date			

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 Fax: 313-583-6462

If faxing, send front and back.

## СОВ

University of Michigan-Dearborn 168 FCS 19000 Hubbard Drive Dearborn, MI 48126-2638

Telephone: 313-593-5460 Fax: 313-271-9838

Email: umd-cobss@umich.edu

## **CECS**

University of Michigan-Dearborn 2000 EC 4901 Evergreen Road Dearborn, MI 48128-2406

Telephone: 313-593-5510 Fax: 313-593-9967

## **CEHHS**

University of Michigan-Dearborn 262 FCS 19000 Hubbard Drive Dearborn, MI 48126-2638

Telephone: 313-593-5090 Fax: 313-593-4748

## Distribution:

- -Student
- -Registration and Records
- -Academic Unit