For Registrar/SRC Use Only

_____
Reviewed by Date

Drexel UNIVERSITY Office of the University Registrar

Application for Readmission

Name _____ _____ _____
Last First Middle Initial

University ID Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Readmission Sought Due To: ☐ Return from Academic Dismissal ☐ Return from Medical Leave ☐ Return from Inactive Status ☐ Other_____

Name of institution(s) attended while away: _____ ____/____/_____ - ____/____/_____
Dates attended

_____ ____/____/_____ -____/____/_____
Dates attended

I hereby certify that the information given by me on this application and any supporting credentials is complete and truthful. I understand that if any information furnished by me is found to be untrue, I may be denied readmission, or if readmission has been granted, I may be subject to disciplinary action, including dismissal from the University.

By signing below, the student acknowledges that it is his or her responsibility to review any financial, billing or co-operative educational implications following the readmission. A checklist to guide a student through this process is available from the academic advisor; it is highly encouraged that the student visit or contact the appropriate offices as indicated on the checklist.

_____ _____ _____ ____/____/_____
Printed Name of Student Signature of Student E-mail address Date

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Readmission Approved?
(Reminder: please attach all documentation)

Yes ☐ No ☐ Effective ☐ Fall ☐ Winter ☐ Spring ☐ Summer _____
Academic Year

_____ _____ _____ _____ _____
College/School Program of Study Major Full-time / Part-time Co-op Concentration *(if applicable)*

☐ Student will maintain the **following schedule** for the _____ term:

CRN # (i.e. 12897)	**Subj/Course ID** (i.e. ACCT 101)	**Sec**	**Credits**

Recommended Plan of Study ***(please indicate by term below if full-time/part-time study is recommended)***					
Plan of Study (i.e. C,C,E,E)	C, V, or E				
Full-time or Part-time	FT or PT				
	Term	*Current*			

_____ _____ _____ ____/____/_____
Printed Name of Academic Advisor Signature of Academic Advisor E-mail address Date

Office of the University Registrar

Application for Readmission Rule Set

Purpose

This form is used by the advisor to notify the Office of the University Registrar of the readmission decision made by the college or school and will be used to update the student's education record. The form is to be submitted for the term in which the student seeks to re-enroll.

To assist with the readmission process it is recommended that students submit pertinent documentation (transcripts, recommendations, etc.) to reflect progress during their time away from the University.

Procedures

It is recommended that this form be completed and submitted as early as possible. However, this form must be filed a minimum of two (2) weeks prior to the onset of the term for which readmission is sought.

This form is to be completed by students who have been separated from the University for one full academic year (four consecutive terms).

Readmission and registration for courses is completed simultaneously.