

# Request for Express Readmission: Post-baccalaureate Certificates, Master's and Doctoral Degree Programs

For questions contact:  
Graduate Admissions  
612-625-3014  
309 Johnston Hall  
[gsquest@umn.edu](mailto:gsquest@umn.edu)

**U Wide Form:**  
UM 1772  
Rev: 10/02/2015

To be considered for readmission under the Express Readmit process, you will need to submit this form to your adviser and Director of Graduate Studies. In addition to this form, your program may require:

- A statement explaining the reasons for your lapse in registration
- A study plan that illustrates how you will complete remaining program requirements and the period of time over which you will complete them
- Other documentation as specified by the program

If approved, the completed, signed form should be routed to the Office of Graduate Admissions, University of Minnesota, 309 Johnston Hall, 101 Pleasant Street SE, Minneapolis, MN 55455-0421, or [gsquest@umn.edu](mailto:gsquest@umn.edu).

**A \$75 payment by credit card, check or money order must accompany this form. See [on-line instructions](#) for payment information. No fee required if:**

*I am seeking readmission to the same program/degree that I was registered in last term, but I neglected to register this term: Yes*

Last/Family/Sur-Name, First Name, Middle Name			Student I.D. Number
Email Address		Daytime Phone Number	
Complete Mailing Address (street, city, state, zip, country):			
Permanent Mailing Address (if different from address above):			
Birthdate	Country of Birth	Country of Citizenship	If non-U.S. citizen, please indicate visa type.
Are you a member of the U of M academic staff? (does not include Teaching or Research Assistants) Yes:    No:			
If yes, please give title of position:			
Previous major field and degree objective for which you would like readmission:			
Last term registered:			
Term and year for readmission:		College:	
If your past degree objective was the Ph.D., did you pass your preliminary orals?: Yes:    No: If yes, Month/Year passed:			

Adviser's Name:

Adviser's Email:

DGS's Name:

DGS's Email:

## Employment/Residency History

Job Title	Place of Employment	Address (City/State)	Dates
	From:		
To:			
	From:		
To:			
State of Legal Residence: Do you presently live in Minnesota? Time lived in Minnesota (Years/Months): When did you last move to Minnesota? Why did you move to Minnesota?			
<p><b>To be signed by the student seeking readmission.</b> <i>I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for denial of admission and for canceling admission or registration and that submission of fraudulent credentials may also be a criminal offense.</i></p> <p><b>Applicant Signature</b> _____ <b>Date</b> _____</p>			
<p><b>Note to DGS:</b> <i>Please be reminded that it is within the faculty's purview to determine whether any specific conditions for readmission are required. Conditions could include, but are not restricted to: completing additional coursework, a schedule for thesis research/writing/revision, and/or deadline for degree completion. Conditions must be communicated to the student, in writing, by the graduate program.</i></p> <p><b>Are conditions attached to this readmission?</b> Yes No</p> <p>If yes, please list:</p>			
<p><b>To be signed by the Director of Graduate Studies.</b> <i>I certify that the program does not need to review the student's graduate academic record and recommend the above named student be readmitted to the program. Any conditions to readmission are noted above.</i></p>			
<b>Signature, Director of Graduate Studies*</b>	Program	Date	

**Office Use Only:**

**Date:**

**Career Number:**

**Minor Code:**

**Payment Required: YES / NO**

**Payment Received: YES / NO**

**Staff Signature:** \_\_\_\_\_