GRADUATE SCHOOL 5000 NORTH WILLAMETTE BOULEVARD PORTLAND, OREGON 97203-5798 (503) 943-7107 TDD (503) 943-7484 / E-MAIL: <gradschl@up.edu>



Application for Re-admission to Graduate School

Completion of this form is required for students who have interrupted graduate studies for one semester or longer. If another university has been attended in the interim, then a transcript of this work may be required.

I am applying for re-admission: Semester			Year_		
Name	Studer	nt ID:	Date_		
Permanent address and phone num	ber:				
Number/Street City	State	Zip	Phone		
Mailing address and phone number	r (if different from	m above):			
Number/Street City	State	Zip	Phone		
Graduate Program					
Last semester of attendance at U o	f P Fall	Spring	Summer	Year_	
Other university attended in the int	terim?	Yes	No		
If yes, name of university, dates at	tended, and num	ber of credits to	aken:		
University Name	Date		Credits Taken		
Please read and check the boxes	before submitti	ng your applic	cation.		
Have you ever been dismissed, sus or college? Yes	pended, or place	d on disciplina No	ry probation by	a high school	
If yes, please explain your dismiss	al, suspension, or	r probation belo	ow.		

Have you ever been arrested of	or convicted of any violation?	Yes	No
If yes, please explain your arr	est or conviction below.		
student, were you or are you o	enrollment at your current college currently the subject of a disciplinar Yes No		
If yes, please explain your dis	ciplinary or student conduct charge	e or proceeding belo	OW.
correct.	knowledge, all statements I have r		plete and
Signature	Date	<u> </u>	
Recommended	Not recommended		
Signature	Date)	
Graduate Program			
Approved	Not approved		
Signature	Date	;	
Graduate School,			

Cc: Registrar; Graduate program Director; Graduate School