

University of Michigan-Dearborn

READMISSION FORM

[insert name of unit]

4901 Evergreen Road
Dearborn MI, 48128-2406

Please print, use ink, and press hard so all copies are legible.
Student completes items 1 through 9.

Term/Year of desired readmission

- 1. I request readmission to the following U of M-Dearborn unit: CASL, CECS, EDUC, MGMT
2. Desired major
3. Name, Address, Street, City, State, Zip, ID#, Birth date, Sex, E-mail, Phone
4. Michigan resident? Yes No U.S. Citizen? Yes No
5. Last term registered at UM-D: (Term) (Year) Unit (circle one): CASL CECS EDUC MGMT
6. Have you taken courses elsewhere since last attending U of M-Dearborn?
7. If you want CASL BGS/Lib. St., list the Three Areas of Focus
8. If TEACHER CERTIFICATION: Elementary Secondary Have you taken the Basic Skills Test?
9. I understand that if I have not registered at U of M-Dearborn for more than one full year, I must follow the latest degree requirements.
Student's Signature Date

TO BE COMPLETED BY ADMITTING SCHOOL OR COLLEGE:

Student's name Advisor
Transcript(s) needed Transcript(s) received
Readmit Readmit Denied No Action In good standing On probation
Please readmit for: Term/Year Unit Catalog Term and Year
Major Minor Prob. Code Cert
Credit toward program GPA Class level
Comments:

Authorized Signature Date