



# Request to Re-enroll in the Graduate School

This form may be used by students whose last date of attendance was no more than two years ago. Students who last attended more than two years ago must submit a regular application form. Previously submitted supporting documents need not be resubmitted.

Complete and return this request to:  
Graduate Admissions  
University of Missouri-St. Louis  
One University Boulevard  
St. Louis, Missouri 63121

1 UMSL Student Number \_\_\_\_\_

2 Name \_\_\_\_\_  
last first middle maiden

3 Present Address \_\_\_\_\_  
city state zip code

4 Phone Number: home \_\_\_\_\_ business \_\_\_\_\_

5 Person to notify in case of emergency \_\_\_\_\_  
name phone number

6 Date of original admission \_\_\_\_\_

7 Dates last attended UMSL: from \_\_\_\_\_ to \_\_\_\_\_

8 Specify semester and year in which you plan to re-enroll: Fall  Winter  Summer  Year \_\_\_\_\_

9 Field of study during last attendance \_\_\_\_\_

10 Adviser assigned \_\_\_\_\_

11 Type of readmission desired: Non Degree  Certificate  Master's  Doctoral  AREA \_\_\_\_\_

12 Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE**

ACTION:  ADMIT  DENY:  U.G. RECORD  TEST SCORES  NO SPACE  NO MENTOR  OTHER (SPECIFY BELOW)

MATRICULATED STUDENT: LEVEL:  MASTER'S  DOCTORAL  
LEVEL MODIFIER:  
 REGULAR  
 RESTRICTED WITH THE CONDITION: \_\_\_\_\_  
 NON-REGULAR PROVISIONAL PENDING: \_\_\_\_\_

NON-MATRICULATED STUDENT  
 GRADUATE CERTIFICATE in \_\_\_\_\_  
 EDUCATION CERTIFICATION  NURSING CERTIFICATION  
 NON-DEGREE MAXIMUM NUMBER OF HOURS REQUESTED (9 OR FEWER): \_\_\_\_\_

Field of Study \_\_\_\_\_ Hours accumulated \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Department Signature \_\_\_\_\_ Date \_\_\_\_\_  
Graduate Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_