

READMISSION FORM

I am being readmitted to the University of St. Thomas as a former returning student. I understand that I must follow the academic regulations of the current University Catalog if I have been absent from the University of St. Thomas for four or more consecutive academic years

Please check one of the following statements:

I wish to be readmitted as a degree-seeking student Effective Term: _____
I wish to be readmitted as a non-degree student Effective Term: _____

I AM CONSIDERING _____ AS A POTENTIAL MAJOR FIELD.

I understand that I must identify all post-secondary institutions that I have attended since I last left the University of St. Thomas. The institutions that I attended are listed below.

Please list any additional institutions on the other side of this sheet.

I understand that readmission is conditional upon the receipt of official transcripts from each listed institution. *(Please refer to the policy on readmitted students.)* Failure to provide these documents will result in the cancellation of my registration. Other conditions set forth in the appropriate university catalog are also applicable to my readmissions.

I understand that directory data concerning me may be released without my permission or notification to me. I reserve the right to restrict such release by written notification to me. I reserve the right to restrict such release by written notification to the Dean of Students Office.

I certify that this information is complete, accurate, and true to the best of my knowledge.

Academic Counselor Signature

Date

Student Signature

Date

Student Name (Please print)

Date of Birth (mm/dd/yyyy)

Social Security Number

UST I.D.

UST email address

Other (email address)