



**APPLICATION FOR READMISSION  
TO UNDERGRADUATE ENROLLMENT**  
(APPLICATION FEE: \$100.00 NON-REFUNDABLE)

Office of the Registrar

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Name when last attended: Same \_\_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

E-Mail address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

Check the term and school/college in which you plan to enroll:

<input type="checkbox"/> Fall	<input type="checkbox"/> Architecture	<input type="checkbox"/> Education	What is your intended major? _____  When did you last attend UM? _____
<input type="checkbox"/> Spring	<input type="checkbox"/> Arts & Sciences	<input type="checkbox"/> Engineering	
<input type="checkbox"/> Summer I	<input type="checkbox"/> Business	<input type="checkbox"/> Marine Science	
<input type="checkbox"/> Summer II	<input type="checkbox"/> Communication	<input type="checkbox"/> Music	
<input type="checkbox"/> Year _____	<input type="checkbox"/> Continuing & Int'l Education	<input type="checkbox"/> Nursing	

If you cannot attend the above semester, please call the Registrar's Office to update your status. Failure to do so will require the student to begin the readmission process again including payment of the fee.

If we may be of assistance in making arrangements to help overcome impairments, please check here: \_\_\_\_

**Proof of immunization must be provided to the Student Health Service before readmission to the University of Miami.** Failure to do so may prevent you from registering for classes. Call (305) 284-5927.

Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If NO: Country of Citizenship \_\_\_\_\_ Do you need an I-20 form? Yes \_\_\_\_ No \_\_\_\_

List **ALL** colleges and universities attended since you were last enrolled at the University of Miami. You **MUST** have the institutions you attended send an official transcript of your record to the Registrar's Office at the University of Miami. No readmission is possible until all transcripts have been received and found satisfactory. **Failure to disclose ALL prior institutions attended may result in disciplinary action.**

College/University	Location	Dates attended	Degree(s)

APPLICATION FEE - PAYMENT METHOD: Credit Card \_\_\_\_ (fill out below) Check \_\_\_\_ (Attach & make payable to University of Miami)

Visa, MasterCard or Discover #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_ / \_\_\_\_ Credit Card Billing Address Zip Code: \_\_\_\_\_

Have you ever been disciplined for misconduct while attending any educational institution, or have you ever been convicted of a crime (other than for a traffic offense)? No \_\_\_\_ Yes \_\_\_\_ If yes, please explain: \_\_\_\_\_

**I understand that a readmission granted on the basis of this application is void if the information given is not true and correct. If admitted, I understand degree requirements will be based upon the Bulletin in effect at the time of readmission. I understand that readmission cannot be completed until all registration and financial holds are cleared.** I agree to observe all rules and regulations of the University of Miami.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Dean's Signature _____	Student Account Services
Approved ____ Denied ____ Probation ____ Date _____	Clear ____ Hold ____ Date _____
School ____ Level ____ Class ____ Catalog year _____	Account Release _____
Comments: _____	Authorized Signature _____
<b>FOR INTERNATIONAL STUDENTS ONLY:</b>	Financial Assistance Services
Program of Study: _____	____ Copy faxed to Financial Assistance: 305-284-4082.
Start Date: _____ Expected Graduation Date: _____	