



University of Detroit Mercy
APPLICATION FOR READMISSION
 (For reenrollment after 2 years or for reapplication after dismissal)

-Student completes form and submits to Dean's office -Dean's office sends form to Registrar's office prior to student registration -College sends copy to ISO -Allow 72 hours for processing

PLEASE PRINT

Student Number: T0 _____

Name: _____
Last First MI Previous Last Name, if applicable

Birthdate: ____/____/____ E-Mail Address: _____

Home Address: _____
Street Apt # City State Zip

Country of Citizenship: _____ Phone Number: () _____

*Sex: Male Female *Ethnic Origin: American Indian/Alaskan Native Multi-Racial
 Asian/Pacific Islander Black, Non-Hispanic Hispanic/Spanish
 *Optional Information White, Non-Hispanic Non-Resident Alien

EFFECTIVE SEMESTER OF READMISSION: Fall (10) ____ Winter (20) ____ Summer (30) ____ **20** ____

WHICH MAJOR/DEGREE DO YOU WISH TO CONTINUE TO PURSUE? _____

DO YOU INTEND TO ENROLL ON A FULL-TIME BASIS (12 HOURS OR MORE)? YES NO

ARE YOU WORKING ON TEACHER CERTIFICATION? YES NO ON WHAT LEVEL? ELEM SEC

DID YOU LAST ATTEND: UDM U of D MERCY COLLEGE WHEN? _____
Semester/Year

HAVE YOU ATTENDED ANY OTHER SCHOOL SINCE YOU WERE LAST ENROLLED HERE? YES NO

IF YES, NAME OF SCHOOL AND DATES ATTENDED: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

ACCEPTED REJECTED Academic Standing: GS PR AW Catalog Term: Fall, _____

TitanConnect Program Code:

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Advisor ID: T0 _____ Advisor Name: _____

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Attempted Hours

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Passed Hours

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Earned Hours

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GPA Hours

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Quality Points

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GPA

Conditions, if any: _____

College or School Signature: _____ Date: ____/____/____