

## Readmission: Visiting Undergraduate

Purpose: used by all undergraduate students who are seeking a degree at another institution, have previously attended Marquette and wish to take additional classes at Marquette.

Those students that were Required to Withdraw for Academic Reasons (RWAR), have a College Academic Alert (CAA) on their record or failed Satisfactory Academic Progress (SAP) in their last term at Marquette must use the Readmission and Academic Censure/Satisfactory Academic Progress Appeal: Undergraduate form.

- Student Instructions:
  1. Complete Sections 1-3 of this form using a computer.
  - a. a handwritten form will not be accepted.
  - b. an incomplete form without the required documents attached will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
   Sign the form in Section 4; a digital signature is **not** acceptable.
- Submit the completed form and required documents via one of the methods listed at the bottom of this form.
- 5. Once you application has been processed, the Office of the Registrar will notify you.

## Note:

- a. Bursar and Student Affairs holds must be cleared with the appropriate office **before** readmission.
- b. the completed application and all required documents must be received by the Office of the Registrar no later than one week prior to the start of the session in which you wish to enroll. Consult the Academic Calendar for the session dates.
- c. If enrolling in a course that requires a prerequisite, request an official transcript to be submitted directly to the Office of the Registrar which indicates that you have completed the prerequisite course.

| Section 1: Student Information   | _                                  | _                                      |
|--|------------------------------------|--|
| Did you receive an RWAR, CAA, or SAP notification in your last semester a <i>If yes</i> , <u>STOP!</u> You are using the wrong form. See Purpose under form title.   | t Marquette? Yes                   | No No                                  |
| Name Last name, First name, Middle name  |                                    |  |
| Former Name(s)   |                                    | DOB MM/DD/YYYY                         |
| Mailing Address street address, city, state, zip code  |                                    |  |
| Email  | SSN/MUID                           | Phone                                  |
| Check one U.S. Citizen, Permanent Resident or Immigrant  | U.S. Visa Holder Other             |  |
| Have you earned a previous degree from Marquette?  |                                    |  |
| Have you ever been convicted of a felony?  Yes  No  If yes, attach a letter that includes the following: a. your age at the time of the felony b. the exact nature of the felony c. specific sentence imposed d. specific court that imposed the conviction e. any extenuating circumstances surrounding the conviction f. any other documentation you wish to provide |                                    |  |
| Section 2: Institutional Information   |                                    |  |
| Institution you are currently attending  |                                    | City and State                         |
| Degree you are pursuing  |                                    |  |
| Class level at your institution (e.g. Freshman, Senior)  |                                    |  |
| Are you eligible to return to your current institution?  |                                    |  |
| Section 3: Marquette Enrollment Information  |                                    |  |
| College in which you wish to enroll  | Degree status: Visiting Non-Degree | In which term do you intend to enroll? |
| Arts & Sciences Engineering  |                                    | Fall Spring Summer                     |
| Business Administration Health Sciences  |                                    | Intended Academic Load                 |
| Communication Nursing (must be preapproved by the college)   |                                    | Full-Time Part-Time                    |
| Education  |                                    |  |
| Desired Courses:   |                                    |  |
| Section 4: Student Statement/Signature   |                                    |  |

Hand Deliver: Marquette Central, Zilber Hall, 121, 1250 West Wisconsin Avenue, Milwaukee, WI 53233

Mail: Marquette University, Zilber Hall, 221, P.O. Box 1881, Milwaukee, WI 53201-1881

the final decision as per University policy.

Signature

Email: otrdocs@marquette.edu Rev 11/2016

I hereby request readmission into the college indicated above as a visiting non-degree student. I certify that all the above information is correct and that I understand the college into which I request readmission has

Date