



READMISSION OR STATUS CHANGE (RS)

Application for Readmission or Change of Status. ONLY for former or current LAW, DENTAL, and HEALTH SCIENCES PROFESSIONAL students.

Instructions: Print or type all requested information. Missing items may delay the processing of your application. Return this application to the Office of the Registrar.

Request for (check all that apply): Readmission Status Change (*degree to non-degree or vice versa*)

Name _____
 Title Last First Middle Previous Name

Mailing Address _____
 Street City State Zip Code Phone Number

Email _____ @marquette.edu **SSN** _____ **Date of Birth** _____

MUID _____ **Are you currently enrolled?** Yes No *If no, enter year of last attendance:* _____

Complete this middle section only if you are a former student seeking readmission:

Check One: U.S. Citizen, Permanent Resident or Immigrant U.S. Visa Holder Other

Have you earned a previous degree from Marquette? Yes No *If yes, enter date of conferral:* _____

Have you attended other institutions since you last attended Marquette? Yes No *If yes, please list those institutions below.*

Other institutions: _____

Are you eligible to return to those institutions? Yes No *If no, please attach an explanation.*

Have you ever been convicted of a felony? Yes No *If yes, please attach an explanation.*

College / school in which you wish to register,
check one.

- Law School
 Dental School
 Health Sciences Professional: Physician Assistant
 Health Sciences Professional: Physical Therapy

Degree status, check one:

- Degree-Seeking
 Non-Degree

Expected Graduation Term

Degree-Seeking Students Only

In which terms do you intend to enroll? Check all that apply.

- Fall
 Spring
 Summer

Academic load, check one.

- Full-Time Part-Time

Signature _____

Your signature certifies that all the above information is correct.

Date _____

Print Form

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