



# Readmission or Status Change: Dental, Health Sciences Professional and Law

Purpose: used by former Dental, Health Sciences Professional and Law students to request readmission or are currently enrolled and wish to apply for a Change of Status. In addition 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** also use the Academic Censure/Satisfactory Academic Progress Appeal form for your program.

### Student Instructions:

- Complete Sections 1-3 of this form using a computer.
  - a **handwritten form will not be accepted.**
  - an incomplete form without the required documents attached will not be processed and returned to you for completion.
- Section 3 of this form to be completed **ONLY** by former students seeking readmission.
- 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 supporting documents via one of the methods listed at the bottom of this form.
- Once your application has been processed, the Office of the Registrar will notify you.

### Note:

- Request must be received by the Office of the Registrar **no later than one week** prior to the start of the term in which you wish to enroll.
- If you were academically dismissed/censured before leaving the University, the Academic Censure/Satisfactory Academic Progress Appeal form appropriate for your program must also be submitted with this Readmission form.

**Section 1: Type of Request** (check all that apply)  Readmission  Status Change (degree to non-degree or vice versa)

### Section 2: Student Information

Did you receive an RWAR, CAA, or SAP notification in your last semester at Marquette?  Yes  No  
If yes, **STOP!** You are using the wrong form. See Purpose under form title. \_\_\_\_\_  
Term/Year

Name \_\_\_\_\_  
Last name, First name, Middle name

Former Name(s) \_\_\_\_\_ Date of Birth MM/DD/YYYY \_\_\_\_\_

Mailing Address \_\_\_\_\_  
street address, city, state, zip code

Email \_\_\_\_\_  
enter personal email address if you no longer have an MU email account @marquette.edu

SSN/MUID \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently enrolled?  Yes  No If no, enter year of last attendance: \_\_\_\_\_

In which term do you intend to enroll?  
(check all that apply)

- 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) \_\_\_\_\_

- Fall
- Spring
- Summer

Academic load (check one)  Full-Time  Part-Time

### Section 3: Former Student Seeking Readmission

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

Are you Hispanic or Latino? (check one):  Yes, I am Hispanic or Latino  No, I am not Hispanic or Latino

What is your race? (Check one or more):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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? If yes, please list those institutions below.  Yes  No

Other institutions: \_\_\_\_\_

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

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

### Section 4: Student Statement/Signature

I hereby request readmission and/or a status change as indicated above to the college/school and I understand that the college/school into which I request readmission and/or status change has the final decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_