



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)

- Fall
- Spring
- Summer

College / school in which you wish to register (check one):

- Law School School of Dentistry
- Health Sciences Professional: Athletic Training
- Health Sciences Professional: Occupational Therapy
- Health Sciences Professional: Physician Assistant
- Health Sciences Professional: Physical Therapy
- Health Sciences Professional: Medical Laboratory Sciences

Degree status (check one):

- Degree-Seeking
- Non-Degree

Expected Graduation Term (Degree-Seeking students only) _____

Academic load (check one)

- Full-Time Part-Time

Are you requesting to return after a Medical Withdrawal?
If yes, enter the year and term of the Medical Withdrawal. Yes _____ No
Term/Year

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 No

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? 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.

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 _____