



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. 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 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.

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: _____

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

- 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? (check one): 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 _____