



Graduate School | New Brunswick

Office of the Dean · Graduate School-New Brunswick
25 Bishop Place · New Brunswick · New Jersey 08901-1181
732/932-7034 · 732/932-7407

APPLICATION FOR READMISSION

- Formerly matriculated master’s, pre and post-qualifying doctoral degree candidates who *have not* maintained continuous registration and intend to re-register in the same program.
- Post-qualifying doctoral degree candidates are subject to a *restoral fee*.
- Complete and submit form to Program Director for signature.
- Official notification will be received from the Graduate School-New Brunswick, 25 Bishop Place, CAC.

TO BE COMPLETED BY THE STUDENT:

Name _____ RUID# _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Citizenship: U.S. _____ U.S. Perm. Res. _____ Foreign _____

Desired Program and degree status _____

Date of first admission _____ Term of last registration _____

Credits completed _____ Date of Ph.D. Qualifying Exam (if taken) _____

Term effective: Fall _____ Spring _____ Summer _____ Year _____

Please explain why you discontinued graduate study. Describe your present intentions and future academic plans.

TO BE COMPLETED BY INTERNATIONAL SERVICES:

International Students must provide financial documentation to submit for review to the Center for International Faculty and Student Services, 180 College Avenue, CAC. The endorsement must be obtained *after* submitting to program director.

Signature (International Student Advisor) Date

TO BE COMPLETED BY GRADUATE PROGRAM DIRECTOR:

The candidate IS _____ IS NOT _____ acceptable for readmission to the graduate program in _____ as a candidate for the _____ degree. The reason for *acceptance* or *non-acceptance* is as follows:

Prospective Director Date

Graduate Director: After reviewing this form, please return to the Graduate School-New Brunswick, 25 Bishop Place, CAC.

TO BE COMPLETED BY GRADUATE SCHOOL-NEW BUNSWICK:

Conditions for this readmission: _____

School 16 Class _____ Curriculum _____

Approved _____ Not Approved _____ Effective: Fall _____ Spring _____ Summer _____ Year _____

Restoration fee (if applicable): _____ (terms) _____

Dean's Signature Date