



UNDERGRADUATE READMISSION APPLICATION

Former undergraduate students who have been absent from Roosevelt University for three consecutive semesters excluding summer, must submit a Readmission Application to the Office of Admission.

Students on academic probation or in poor standing may not be readmitted automatically. In such undergraduate cases, the Office of Admission determines the readmission decision and may require additional documentation.

Student ID# or SS#: _____ Date of Birth: ____/____/____

Name: _____ Previous Names: _____
Last First Middle

Permanent Address:

No. and Street _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____@_____

Year and term I intend to enroll:

20____ Fall (August/September) Spring (January) Summer (May/June/July)

Enrollment Plan: Full-Time Part-Time

Previous Major: _____ Intended Major: _____

Last year and term attended:

Year: ____ Fall (August/September) Spring (January) Summer (May/June/July)

Do you have criminal charges pending against you or have you been convicted of a misdemeanor (other than a routine traffic offense or a juvenile offense) or felony crime? YES NO

If you answered "yes" to either of these questions, you must submit the following information: a brief, accurate explanation, location of conviction pending criminal charge(s), suspension(s), or expulsion, dates and court disposition, in English. This statement must also include a grant of irrevocable authorization to the university for complete access to criminal records, if any. Information should be sent to:

Roosevelt University, 1400 North Roosevelt Blvd, Schaumburg, IL 60173

If you have not attended Roosevelt University for more than five years or attended another college or university since leaving Roosevelt, please send official transcripts from each previously attended school(s) to Roosevelt University, Office of Admission. All institutions must be reported, whether or not credit was earned.

College/University (Please list all colleges and universities attended) _____ Dates of Attendance _____

The information I present in this application is complete and accurate to the best of my knowledge. I understand that this application is not valid if information is withheld or misrepresented. I further realize that if I am permitted to register pending receipt of my final records, the University reserves the right to cancel my registration if my official records are found to be unsatisfactory.

Signature _____

Date _____

Please return completed application in person, by mail or by fax to:

Roosevelt University

Office of Admission

1400 N. Roosevelt Blvd., Schaumburg, IL 60173

Phone: 877-277-5978 toll free

Fax: (847) 619-4216