ROOSEVELT UNIVERSITY
READMISSION APPLICATION

Former undergraduate or graduate degree-seeking students and graduate students-at large 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. All graduate readmission applications will be reviewed by the Office of Admission, in consultation with the graduate program director as needed, to approve readmission or to request additional documents to be submitted.

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)

Academic Level: ☐ Undergraduate ☐ Graduate ☐ Doctoral

Last year and term attended:

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

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 either campus location:

Roosevelt University
Admission Processing Center, SCH 110
1400 N. Roosevelt Blvd
Schaumburg, IL 60173
Fax: (847) 619-4216
1-877-277-5978 toll free

Roosevelt University
Office of Admission, AUD 104
430 S. Michigan Avenue
Chicago, IL 60605
Fax: (312) 341-3523
1-877-277-5978 toll free

Rev. 3/2/09