

## **GRADUATE READMISSION APPLICATION**

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. 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.

APPLICANT INFORMATION TODAY'S DATE:				
STUDENT'S SS# or ID#	DATE OF BIRTH	MALET 1 FE	MALE[ ]	
NAME:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Last Name	First Name	Middle	Initial	
ADDRESS:				
Street	Ci	ty	State Zi	p
PHONE: ()				
EMAIL ADDRESS:				
YEAR AND TERM I INTEND TO E 20 Fall (August/September Academic Level: Graduate Doctor	r) Spring (January)	☐ Summer (May/Ju	nne/July) Part-Time	
Previous graduate program:	Intended graduate pro	ogram:		
Year: Fall (August/Sep	otember) Spring (Ja	nuary)	Summer (May/June/July)	
Do you have criminal charges pending againg juvenile offense) or felony crime? YES	inst you or have you been convicted	of a misdemeanor (othe	er than a routine traffic offense o	ra
		ement must also include s, if any. Information sho	a grant of irrevocable authorizat ould be sent to:	
If you have attended another college or school(s) to Roosevelt University	r university since leaving Roosevelt, y, Office of Admission. All institution			nded
College/University (Please list all colleges a	and universities attended)	Date	s of Attendance	_
The information I present in this applicatio valid if information is withheld or misrepre University reserves the right to cancel my	sented. I further realize that if I am I	permitted to register per	nding receipt of my final records,	
Signature		ate		
Please return completed application in	n person, by mail or by fax to:			

Roosevelt University
Office of Admission
1400 N. Roosevelt Blvd. Schaumburg, IL 60173

Phone: 1-877-277-5978 toll free Fax: (847) 619-4216

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