



UNIVERSITY of MARYLAND
EASTERN SHORE

Office of the Registrar

Princess Anne, MD 21853

Phone: (410) 651-6413/6414 Fax: (410) 651-7844

APPLICATION FOR READMISSION

Guidelines for Readmission:

A student may apply for readmission:

who has *voluntarily* withdrawn from the University.

who has interrupted his/her registration for one or more semesters. *(The student must have been in good standing or on academic probation at the conclusion of his/her last registration.)*

A student may be readmitted *only* in the Major and/or Course of study in which they were last enrolled. Any desired change to your current status requires the completion of the appropriate forms available in the Office of the Registrar *after* you have been readmitted.

If a student has attended any other college or university *since* leaving the University of Maryland Eastern Shore complete *official transcripts* must be sent to the Office of the Registrar at the address provided on this form. This information must be received and will be reviewed before any action is taken with this application.

Please Note: This is the sole responsibility of the applicant. The application **MUST** be typed. Incomplete applications and/or any applications without ALL required documentation will not be processed.

All entries made on this application **MUST** be typed. It is your responsibility to see that all application entries are accurate. You may use abbreviations necessary to allow for more space.

Degree Seeking () Non-Degree Seeking () Certification ()
Undergraduate () Graduate ()

Major _____

_____/_____/_____
Last First

_____/_____/_____
MI Maiden Date of Birth (mm/dd/year)

_____/_____/_____
Social Security Number Student ID Number

Are you a United States Citizen? () Yes
() No _____
Country of Citizenship

Are you a Maryland resident? () Yes _____
County of Residence

() No _____
State of Residence

Applicant's present home address:

_____/_____
Number Street

_____/_____/_____
City State Zip Code

Length of time lived at this address _____/_____
Years Months

_____/_____/_____
Home telephone number Cell phone number

List educational institutions attended since you were last enrolled at the University of Maryland Eastern Shore. The processing of your application will be delayed should you fail to list other colleges or universities attended.

College or University	Location	Dates	Degree Earned
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College or University	Location	Dates	Degree Earned
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When did you *first* enroll at UMES? _____ / _____
Semester/Term Year

The *last* semester you were enrolled at UMES: _____ / _____ Major _____
Semester Year

Semester/Term for which you are applying:

Fall _____ Winter _____ Spring _____ Summer I _____ II _____ III _____ Year 20 _____
Year Year Year (Check one)

Did you withdraw from the University of Maryland Eastern Shore for health reasons? _____ If **yes**, you must contact the University Health Service Department for Medical Clearance and request that the appropriate form be sent to the Office of the Registrar.

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University if this application is approved.

Signature of parent/legal guardian if applicant is under 18

Date

Signature of Applicant

Printed Name of Applicant

Date

OFFICE USE ONLY:

Action: _____ Term GPA: _____ Cum. GPA: _____