CHICAGO STATE UNIVERSITY

APPLICATION FOR READMISSION (DEGREE AND NONDEGREE)

Please print or type

This application is for previously admitted graduate degree and non degree students who have not been enrolled in graduate classes for two years or more that have not went beyond their time limitations (**6yrs for degree seeking**). To receive proper advisement, we recommend that readmitted students bring a copy of transcripts for any outside coursework completed during their absence from the university.

For Degree Seeking Students: Readmission for degree seeking students is not automatic. The department supervising the degree program will carefully review the student's application, progress to the degree and the length of time remaining to degree completion. Students who are readmitted to a degree or certificate program may need to meet other entrance requirements. **Upon approval the student is responsible for completion of the degree by the initial time limit set forth (6yrs from first admittance to the Program).**

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Term Applying: ☐ Fall (August) ☐ Spring (January) ☐ Summer (May) Year _____

Student ID Number_____Surtitle (*Select One*) ☐ Ms. / ☐ Mrs. / ☐ Mr.

Last Name_____First Name_____MI/Maiden_____

Address _____City_____State_____Zip Code_____

Day Phone_____Evening Phone_____Email Address_____

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Emergency Contact Name_____Relationship_____

Street_____City_____State_____Zip Code_____

Day Phone_____Evening Phone_____

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When were you first admitted to the program that you are seeking readmission for?_____

If you are a degree seeking student, are you within your 6yr time limit? ☐ Yes ☐ No

If you answered no to the above question do not continue using this form, you must apply to the degree program again.

Please provide an explanation for not maintaining continuous enrollment. This explanation should include a timeline for achieving important components of your program, e.g., comp exams, thesis, and candidacy. Attach extra sheet if needed.

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Submission of the application is interpreted as knowledge and understanding of the guidelines and procedures described herein. Your signature is required in order to process this application.

_____ _____

Signature of Applicant Date

Approved:

_____ _____

Signature of Graduate Advisor Date

The School, of Graduate & Professional Studies Chicago State University, 9501 So. King Drive-ADM 126, Chicago, IL 60628. Phone: 773- 995-2404. Fax: 773-995-3671.G-Studies1@csu.edu