

Readmission: Undergraduate

Purpose: used by former students who wish to return to Marquette; or current students who wish to move from degree-seeking to non-degree status the term following graduation. Those students that were Required to Withdraw for Academic Reasons (RWAR), have a College Academic Alert (CAA) on their record or failed Satisfactory Academic Progress (SAP) in their last term at Marquette must use the Readmission and Academic Censure/Satisfactory Academic Progress Appeal: Undergraduate form. If you previously attended Marquette as a non-degree student and now wish to be degree-seeking, apply through the Office of Undergraduate Admissions.

Student Instructions:

- Complete Sections 1-3 of this form using a computer.
 - a handwritten form will not be accepted.
 - an incomplete form without the required documents attached will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 4; a digital signature is not acceptable.
- Submit the completed form and supporting documents via one of the methods indicated at the bottom of this form.
- Once your application has been processed, the Office of the Registrar will notify you.

Note:

- transcripts are not accepted if delivered by the student, they must be received via mail directly from the high school or postsecondary institution's record office.
- Bursar or Student Affairs holds must be cleared with the appropriate office before readmission.
- the completed application and all required documents must be received by the Office of the Registrar no later than one week prior to the start of the session in which you wish to enroll. Consult the [Academic Calendar](#) for the session dates.
- Professional Studies students: the Professional Communication major is in the College of Communication; all other majors are in the College of Arts & Sciences.
- if requesting readmission after Medical Withdrawal submit this form along with the Medical Withdrawal-Return to Marquette University form and the Medical Withdrawal Request to Return-Healthcare Provider Report form.

Section 1: Student Information

Did you receive an RWAR, CAA, or SAP notification in your last semester at Marquette? Yes _____ No _____
 If yes, STOP! You are using the wrong form. See Purpose under form title. Term/Year

Name _____
 Last name, First name, Middle name

Name While Attending Marquette _____ DOB
MM/DD/YYYY _____

Mailing Address _____
 street address, city, state, zip code

Email _____ SSN/MUID _____ Phone _____

Citizenship (check one) U.S. Citizen, Permanent Resident or Immigrant U.S. Visa Holder Other

Are you Hispanic or Latino? (check one) Yes, I am Hispanic or Latino No, I am not Hispanic or Latino

What is your race? (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Have you earned a previous degree from Marquette? Yes No If yes, enter date of degree: _____

Have you ever been convicted of a felony? Yes No
 If yes, attach a letter that includes your age at the time of the felony, the exact nature of the felony, the specific sentence imposed, the specific court that imposed the conviction, any extenuating circumstances surrounding the conviction and any other documentation you wish to provide.

Are you requesting to return after a Medical Withdrawal? Yes _____ No _____
 If yes, enter the year and term of the Medical Withdrawal. Term/Year

Section 2: Transcript Information

The Office of the Registrar must have an official transcript on file from the high school listed below and every postsecondary institution you have attended, except Marquette.

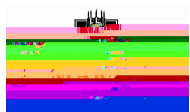
High School from which you graduated _____ City and State _____

Postsecondary institution you are currently attending _____ City and State _____

Other postsecondary institutions you have attended _____ City and State _____

If you have attended additional postsecondary institutions, attach additional pages.

Are you eligible to return to the postsecondary institutions listed above? Yes No
 If no, please attach an explanation



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Minor Coursework
minor

Signature _____

Date _____