



**University of Detroit Mercy**  
**APPLICATION FOR READMISSION**  
 (For reenrollment after 2 years or for reapplication after dismissal)

-Student completes form and submits to Dean's office  
 -Dean's office sends form to Registrar's office prior to student registration  
 -College sends copy to ISO  
 -Allow 72 hours for processing

PLEASE PRINT

Student Number: T0 \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Previous Last Name, if applicable

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt # City State Zip

Country of Citizenship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

\*Sex: Male  Female  \*Ethnic Origin: American Indian/Alaskan Native  Multi-Racial   
 Asian/Pacific Islander  Black, Non-Hispanic  Hispanic/Spanish   
 \*Optional Information White, Non-Hispanic  Non-Resident Alien

EFFECTIVE SEMESTER OF READMISSION: Fall (10) \_\_\_\_\_ Winter (20) \_\_\_\_\_ Summer (30) \_\_\_\_\_ 20\_\_\_\_

WHICH MAJOR/DEGREE DO YOU WISH TO CONTINUE TO PURSUE? \_\_\_\_\_

DO YOU INTEND TO ENROLL ON A FULL-TIME BASIS (12 HOURS OR MORE)? YES  NO

ARE YOU WORKING ON TEACHER CERTIFICATION? YES  NO  ON WHAT LEVEL? ELEM  SEC

DID YOU LAST ATTEND: UDM  U of D  MERCY COLLEGE  WHEN? \_\_\_\_\_  
Semester/Year

HAVE YOU ATTENDED ANY OTHER SCHOOL SINCE YOU WERE LAST ENROLLED HERE? YES  NO

IF YES, NAME OF SCHOOL AND DATES ATTENDED: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ACCEPTED  REJECTED  Academic Standing: GS PR AW Catalog Term: Fall, \_\_\_\_\_

TitanConnect Program Code: 

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Advisor ID: T0 \_\_\_\_\_ Advisor Name: \_\_\_\_\_

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Attempted Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA																								

Conditions, if any: \_\_\_\_\_

College or School Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_