

# EASTERN

*Connecticut's Public Liberal Arts University*

## Application for Graduate Division Readmission

### Instructions:

- Please print or type all requested information. Make sure information is accurate.
- Send this form to the Dean's Office - Graduate Division.
- Forward official transcripts from all colleges attended since leaving Eastern.

Eastern ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Name at Time of Previous Attendance (if different) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

Circle One: Home / Cell

Intended semester of readmission:	Fall _____ Spring _____ Summer _____
Intended Program:	Program: _____
Intended status:	<input type="checkbox"/> Full Time (9-13 credits) <input type="checkbox"/> Part Time (Fewer than 9 credits)
Status at time of severance:	<input type="checkbox"/> In Good Standing <input type="checkbox"/> On Probation <input type="checkbox"/> Academic Dismissal
Has your 6-year time limit expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to apply for financial aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your citizenship status?	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F-1 Student Visa <input type="checkbox"/> F-2 Student Visa <input type="checkbox"/> Other Visa Status <input type="checkbox"/> Other
Previous dates of attendance:	From (month/year) _____ To (month/year) _____
College(s) attended since departure: (include any courses taken at Eastern)	Name(s): _____ Location(s): _____ Dates attended: _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*If you are mailing this form, please send to:*

**Attention: Graduate Division**  
**Eastern Connecticut State University**  
**83 Windham Street**  
**Willimantic, CT 06226**  
**860-465-5286**