UCSF Office of the Registrar
Student Academic Affairs

READMISSION APPLICATION

Full Name (Last, First, Middle)			UCID
Name Records Filed Under (If different from above)			
Term for Readmission: ☐ 1 ☐ 2 ☐ 3 ☐ 4	Year 20___	Term Last Attended	Year 20___
School	Major	Degree Objective	Date Expected
Level (check one): ☐ Masters ☐ 1st Doctoral ☐ 2nd Doctoral	Citizenship Country		Visa Type
	Dates Last Resided in California: From ___ To ___		

List all colleges / universities attended since leaving UCSF. You must submit a transcript for each school attended.

Name of College / University	Location State	Date Attended From	Date Attended To	Were you subject to non-resident tuition?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Current Telephone and Address

Area Code | Phone No.

Number, Street

City, State, Zip

Permanent Telephone and Address

Area Code | Phone No.

Number, Street

City, State, Zip

APPLICANT'S SIGNATURE _____ **DATE** _____

APPROVALS

Student Health & Counseling (MU P3 Level, Room 005) Date

Director / Graduate Advisor Date

Dean of School Date

Nursing students obtain signature from Curricular Affairs

Graduate academic students obtain signature at the Graduate Division

Submit your completed form to Office of the Registrar, Campus Box 0244, 500 Parnassus Avenue, San Francisco CA 94143.

A $40 fee will appear on your fee statement.