

## READMISSION APPLICATION

Full Name (Last, First, Middle)				UCID	
Name Records Filed Under (If different from above)					
Term for Readmission		Year		Term Last Attended	
		20 _____			
School		Major	Degree Objective		Date Expected
Level (check one)		Citizenship Country			Visa Type
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Masters <input type="checkbox"/> 1st Doctoral <input type="checkbox"/> 2nd Doctoral		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		Were you subject to non-resident tuition?	
		From	To		
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Telephone and Address			Permanent Telephone and Address		
Area Code		Phone No.		Area Code	
Number, Street			Number, Street		
_____			_____		
City, State, Zip			City, State, Zip		
_____			_____		
APPLICANT'S SIGNATURE _____			DATE _____		
<b>APPROVALS</b>					
Student Health & Counseling (MU P8 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.