



UNIVERSITY of MARYLAND  
EASTERN SHORE

Office of the Registrar

Princess Anne, MD 21853

Phone: (410) 651-6413 Fax: (410) 651-7844

APPLICATION FOR READMISSION

**Guidelines for Readmission:**

A student may apply for readmission:

who has *voluntarily* withdrawn from the University.

who has interrupted his/her registration for one or more semesters. **(The student must have been in good standing or on academic probation at the conclusion of his/her last registration.)**

A student may be readmitted *only* in the Major and/or Course of study in which they were last enrolled. Any desired change to your current status requires the completion of the appropriate forms available in the Office of the Registrar *after* you have been readmitted.

If a student has attended any other college or university *since* leaving the University of Maryland Eastern Shore complete *official transcripts* must be sent to the Office of the Registrar at the address provided on this form. This information must be received and will be reviewed before any action is taken with this application. **Note: This is the sole responsibility of the applicant. Incomplete applications and/or any applications without ALL required documentation will not be processed.**

10/06

Please type or print all entries made on this application. It is your responsibility to see that all application entries are legible and accurate. You may use abbreviations as necessary to allow for more space.

Degree Seeking ( ) Non-Degree Seeking ( ) Certification ( )  
Undergraduate ( ) Graduate ( )

Major \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MI Maiden Date of Birth (mm/dd/year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Student ID Number

Are you a United States Citizen? ( ) Yes  
( ) No \_\_\_\_\_  
Country of Citizenship

Are you a Maryland resident? ( ) Yes \_\_\_\_\_  
County of Residence

( ) No \_\_\_\_\_  
State of Residence

Applicant's present home address:

\_\_\_\_\_/\_\_\_\_\_  
Number Street

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code

Length of time lived at this address \_\_\_\_\_/\_\_\_\_\_  
Years Months

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home telephone number Cell phone number

