



APPLICATION FOR READMISSION TO UNDERGRADUATE ENROLLMENT

\*(APPLICATION FEE: \$100.00 NON-REFUNDABLE – see payment info at bottom)

OFFICE OF THE UNIVERSITY REGISTRAR

UM ID # or SOCIAL SECURITY # \_\_\_\_\_

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

Name under which you attended, if different \_\_\_\_\_

Mailing address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month Day Year

Check the term & school/college in which you plan to enroll\*:

<input type="checkbox"/> Fall	<input type="checkbox"/> Architecture	<input type="checkbox"/> Education	What is your intended major? _____
<input type="checkbox"/> Spring	<input type="checkbox"/> Arts & Sciences	<input type="checkbox"/> Engineering	
<input type="checkbox"/> Summer I	<input type="checkbox"/> Business	<input type="checkbox"/> Marine Science	
<input type="checkbox"/> Summer II	<input type="checkbox"/> Communication	<input type="checkbox"/> Music	
<input type="checkbox"/> Year _____	<input type="checkbox"/> Continuing & Int'l Education	<input type="checkbox"/> Nursing	

\*If you cannot attend the above semester, please call the Registrar's Office to update your status. Failure to do so will require the student to begin the readmission process again including payment of the fee.

If we may be of assistance in making arrangements to help overcome impairments, please check here: \_\_\_\_\_

Proof of immunization must be provided to the Student Health Service before readmission to the University of Miami. Failure to do so may prevent you from registering for classes. Call (305) 284-9100.

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ If NO: Country of Citizenship \_\_\_\_\_ Do you need an I-20 form? Yes \_\_\_ No \_\_\_

List ALL colleges and universities attended since you were last enrolled at the University of Miami. You MUST have the institutions you attended send an official transcript of your record to the Registrar's Office at the University of Miami. No readmission is possible until all transcripts have been received and found satisfactory. Failure to disclose ALL prior institutions attended may result in disciplinary action.

College/University	Location	Dates attended	Degree(s)

Have you ever been disciplined for misconduct while attending any educational institution, or have you ever been convicted of a crime (other than a for a traffic offense)? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

I understand that a readmission granted on the basis of this application is void if the information given is not true and correct. If admitted, I understand degree requirements will be based upon the Bulletin in effect at the time of readmission. I understand that readmission cannot be completed until all registration and financial holds are cleared. I agree to observe all the rules and regulations of the University of Miami.

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**For Office Use Only:**  
 Dean's Signature: \_\_\_\_\_  
 Approved \_\_\_ Denied \_\_\_ Probation \_\_\_ Date: \_\_\_\_\_  
 School \_\_\_ Level \_\_\_ Class \_\_\_ Catalog Year \_\_\_\_\_  
 Comments: \_\_\_\_\_

**FOR INTERNATIONAL STUDENTS ONLY:**  
 Program of Study: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**For Office Use Only:**  
 Student Account Services  
 Clear \_\_\_ Hold \_\_\_ Date \_\_\_\_\_  
 Account Release \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
**Financial Assistance Services:**  
 \_\_\_ Copy faxed to Financial Assistance @ 305-284-4082

\*PAYMENT INFORMATION

\_\_\_ Credit Card \_\_\_ Check (made out to University of Miami)

Credit Card: Visa \_\_\_ MasterCard \_\_\_ #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ CC Billing Zip Code: \_\_\_\_\_ CVV Security Code (on back, usually 3 digits): \_\_\_\_\_

**NOTE: Please be sure to include CVV and billing zip code or credit card may be declined.**