



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"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Year _____	<input type="checkbox"/> Architecture <input type="checkbox"/> Arts & Sciences <input type="checkbox"/> Business <input type="checkbox"/> Communication <input type="checkbox"/> Continuing & Int'l Education	<input type="checkbox"/> Education <input type="checkbox"/> Engineering <input type="checkbox"/> Marine Science <input type="checkbox"/> Music <input type="checkbox"/> Nursing	<p>What is your intended major? _____</p> <p>When did you last attend UM? _____</p>
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*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 Transfer Evaluation Department at mydocuments@miami.edu. 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

P.O. Box 248026 - Coral Gables, FL 33124-6914 Phone: (305) 284-2294 Fax: (305) 284-6293

Updated 10/26/20

-To submit visit www.canescentral.miami.edu and open a case to upload your request

***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.