



Application for Undergraduate Readmission

Office of the Registrar 8600 University Boulevard Evansville, IN 47712

812/465-1157 Fax: 812/464-1911

1. _____ Name _____
Student ID or Social Security # _____ Last _____ First _____ MI _____ Maiden _____

2. Local mailing address _____
Street _____

_____ City _____ State _____ Zip _____

_____ Email _____ Phone _____ Home Mobile

3. Date of birth ____/____/____

4. Marital status _____

5. Are you an Indiana resident? Yes No

6. Have you ever been convicted of a felony or crime against another person(s)? Yes No

7. Citizenship: U.S. Citizen
 Resident Alien/Green Card*
 Non-Resident Alien*

8. Are you a current member or veteran of the U.S. Armed Forces? Yes No

*If not a U.S. citizen, please complete:

9. In case of emergency, contact: _____
Phone _____

Visa Type _____

Citizenship Country _____

Birth Country _____

_____ Name _____ Relationship _____

10. List all colleges and universities you have attended since you last attended ISUE/USI.
Failure to do so is sufficient cause to refuse consideration of an application or to dismiss a student who has been granted admission.

* Are you currently seeking a degree from another institution? Yes No

1) _____	From ____/____/____	To ____/____/____	Degree Awarded ____/____/____
2) _____	From ____/____/____	To ____/____/____	Degree Awarded ____/____/____
3) _____	From ____/____/____	To ____/____/____	Degree Awarded ____/____/____
4) _____	From ____/____/____	To ____/____/____	Degree Awarded ____/____/____

It is required that you submit for evaluation a final, official transcript from each of the aforementioned institutions. Your transcripts must be sent directly from the institutions to the Office of the Registrar at USI.

11. I plan to enroll:
 Fall 20____
 Spring 20____
 Summer 20____

12. Do you plan to change your major at this time?
 Yes No
(If yes, please submit a Change of Academic Program Form with your readmission)

13. USI Graduates ONLY
I am returning for:
 Additional degree (30+ additional hours)*
 Additional major/minor (less than 30 hours)*
*Submit a Change of Academic Program form at this time.
 Teacher Certification/License
 Personal enrichment/other

I certify that all of the above information is complete and true. I also understand that withholding information or giving false information will make me ineligible to return to USI and/or subject to dismissal if readmission has been granted.

For Office Use Only
Processed by _____
Date _____
Fresh Start _____

Student Signature

Date

