

**MICHIGAN TECHNOLOGICAL UNIVERSITY
GRADUATE SCHOOL**

APPLICATION FOR READMISSION

(must be received by the Graduate School Office before registration for the term of return)

The graduate school has a policy of continuous enrollment during the academic year from the time of first enrollment until all degree requirements are met. If a student has been inactive for a non-summer term, s/he must apply for readmission before returning to active status and registering for classes and/or research credits. In addition, the student must pay a readmission fee equal to the cost of one credit of tuition for each academic-year semester s/he was inactive BEGINNING fall 2008.

STUDENT:

Name _____ ID number _____ E-Mail _____

Current Mailing Address: _____

Street

City, State

ZIP

Degree program ___MBA ___MEG ___MF ___ MS ___ PhD in _____

Program

I attended MichiganTech as a graduate student from _____ to _____.

(Month/Yr)

(Month/Yr)

I have been inactive since _____ for a total of _____ non-summer terms.

(Month/Yr)

(number)

I dropped my enrollment because _____

To complete my degree I would like to return for _____ semester, which starts on _____

(term, e.g., Fall 2007)

(date: MM/DD/YY)

and enroll for _____

Course #(s) _____

I expect to complete my degree during _____

(Month/Yr)

If this readmission will require an extension of the time-to-degree limit (5 yrs Masters; 8 yrs PhD), your advisor should email an extension request to the Dean of the Graduate School. The request should include the following:

1. The reason you are not able to finish within the time limit.
2. The plan for completion (including the semester you plan to finish – allow enough time so you won't need to request another extension)
3. Assurance that your course work (if applicable) is still current and relevant or a plan to make up any deficiencies.

ADVISOR:

I agree to this readmission.

Signature _____ / _____ Date _____

Printed / Typed Name

DEPARTMENT CHAIR/GRADUATE PROGRAM DIRECTOR:

The department _____ will, _____ will not, readmit this student.

Signature _____ / _____ Date _____

Printed / Typed Name

GRADUATE SCHOOL:

Comments: _____

A readmission fee must be paid before the Graduate School will approve your application for readmission. Please submit page 2 of this application with payment.

Signature _____ Date _____

Assistant to the Dean of the Graduate School

GSO USE ONLY

BANNER: _____
Initial & Date

Copies: Student, Advisor, Dept., Original to student's file _____
Initial & Date

PAYMENT OF READMISSION FEE**THIS FORM MUST ACCOMPANY PAYMENT**

DO NOT pay or authorize payment for a readmission fee prior to receiving notification from the Graduate School that your advisor and department have approved your application for readmission.

BRING OR SEND THIS FORM WITH PAYMENT TO:

The Graduate School
 Michigan Technological University
 Houghton, MI 49931
 ATTN: NSPR

fax: 906.487.2284

Before determining the amount of your payment, check your MTU account for outstanding balances (<http://www.admin.mtu.edu/acct/students/>). Add any outstanding amounts to the readmission fee amount calculated by the Graduate School and sent to you with notification that your application for readmission has been approved. Submit the *entire* amount due. This will ensure your payment is credited appropriately.

Student Number		Accounting use only
Preferred e-mail address		
Daytime telephone #		
Last Name		
First Name		
Department		
Readmission Fee (amount)	\$	BD60
Other outstanding charges (amount)	\$	

___ Check enclosed for \$

If you wish to pay by Credit Card, you can call Nancy in the Graduate School Office at 906-487-2755