



Office of the Registrar  
 University of Massachusetts Boston  
 Campus Center, 4th Floor  
 100 Morrissey Boulevard  
 Boston, Massachusetts 02125-3393  
 617-287-6200, Fax 617-287-6242  
[www.registrar.umb.edu](http://www.registrar.umb.edu)

## READMISSION APPLICATION UNDERGRADUATE

**Section A**      **Student: Complete section A.**  
**Attach non-refundable fee of \$60, check or money order payable to University of Massachusetts Boston.**  
**Mail this form to the address above or drop off at the One Stop, Campus Center, Upper Level.**  
**You will be notified by e-mail (at the e-mail address you provide below) of your readmission status.**

Student name: \_\_\_\_\_ UMass ID #: UMS  
Family/Last/Previous, if applicable      Given/First      Middle

Street address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City, state ZIP: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
mm/dd/yyyy

Check here if this address is different from when you last attended UMass Boston.

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Attendance at UMass Boston:  
 From: \_\_\_\_\_  
mm/yyyy

E-mail address: \_\_\_\_\_ To: \_\_\_\_\_  
mm/yyyy

**During your absence did you attend other institutions?**

Yes     No

Name of institution: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Please have official transcripts mailed to:

University of Massachusetts Boston  
 Office of the Registrar  
 Campus Center, 4th floor  
 100 Morrissey Boulevard  
 Boston, MA 02125-3393

**Indicate the semester and year you plan to return.**

Academic year: \_\_\_\_\_

- Fall      If you have been away from the university for four or more consecutive semesters, you may be required to observe academic requirements in effect upon your return.
- Spring
- Summer
- Winter

**In which UMass Boston college were you enrolled?**

- CLA College of Liberal Arts
- CSM College of Science and Mathematics
- CPCS College of Public and Community Service
- CM College of Management
- CNHS College of Nursing and Health Sciences

If you wish to change your college you must complete an Intercollege Application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

**Section B**      **Student: Do not complete section B. For office use only.**

- Automatic readmission: You are readmitted to the college/program that you previously attended.
- CNHS: Nursing and Health Sciences students seeking readmission are evaluated by the Student Standard and Credits Committee of CNHS. Please submit application to CNHS, Science Building, 2nd floor, room 016.
- Below 2.0: Students whose grade point average is below 2.0 must apply for readmission to the appropriate college's committee. See enclosed letters. Authorized signature must be obtained from college or program.
- Administrative: Students who are administratively withdrawn from the university must contact the appropriate office to settle the matter. An authorized signature from the following office is required. When you have obtained this signature, contact the Office of the Registrar at 617-287-6200 to continue.  
 Office: \_\_\_\_\_
- Other: \_\_\_\_\_

Authorized signatures:

signature	name printed	date
signature	name printed	date