



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

READMISSION APPLICATION UNDERGRADUATE

Section A **Student: Complete section A.**
Attach non-refundable fee of \$25, 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
 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
 Spring university for four or more consecu-
 Summer tive semesters, you may be required
 Winter to observe academic requirements
 in effect upon your return.

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