

# University of Massachusetts Boston

## Undergraduate Application for Readmission

(Attach non-refundable fee of **\$25.00** in the form of a check or money order)

**Student: Please complete the following:**

UMS ID	Social Security Number	Date		
Name (Last, First, Middle) (Include previous name if applicable)				
Address	Street	City or town	State	Zip Code
<i>Check here if address is different than when you last attended</i> <input type="checkbox"/>				
Phone: Work ( ) _____ Home ( ) _____				
Birth Date: _____ Attendance: From _____ To _____ (Month/Day/Year)				
During your absence, did you attend any other institution(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____				
If yes, please have official transcripts(s) mailed to the Office of the Registrar (address below)				Name of Institution
College/Program: <input type="checkbox"/> CLA <input type="checkbox"/> CSM <input type="checkbox"/> CPCS <input type="checkbox"/> CM <input type="checkbox"/> CNHS				
Please Note: If you wish to change your college/program (e.g., from CLA to CM), you must fill out an Inter-College Application.				
Term to enter: <input type="checkbox"/> Fall <input type="checkbox"/> Spr <input type="checkbox"/> Smr <input type="checkbox"/> Wtr Year: _____ Former Boston State Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Student: Please follow instructions where boxes below are checked.**

<input type="checkbox"/>	<b>Automatic Readmission:</b> To the college/program you previously attended.
<input type="checkbox"/>	<b>CNHS:</b> Nursing and Health Sciences students seeking readmission must be evaluated by the Student Standards and Credits Committee of CNHS. Please submit application to the College of Nursing and Health Sciences, Science Bldg, 2 <sup>nd</sup> Floor, Room 016.
<input type="checkbox"/>	<b>Below 2.0:</b> Students whose grade point average is below 2.0 must apply for readmission to the appropriate college's committee (please see enclosed letters). Authorized signature must be obtained from college or program.
<input type="checkbox"/>	<b>Holds:</b> Students who have administrative holds must contact the appropriate office to clear the hold. Authorized signature from the following office is required:  _____
<input type="checkbox"/>	<b>Other:</b> _____

**For Administrative Use Only:**

Authorized Signatures:

_____	_____
	Please Print
_____	_____
	Please Print

Name of Advisor: \_\_\_\_\_  
Please Print

<u>Mail to:</u> UMass Boston Office of the Registrar Campus Center, 4 <sup>th</sup> Floor 100 Morrissey Blvd Boston, MA 02125-3393	<i>or</i>	<u>Submit to:</u> UMass Boston One Stop Campus Center, Upper Level 100 Morrissey Blvd Boston, MA 02125-3393
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