

University of South Alabama
Graduate Readmission Application (U. S. Citizens)

University of South Alabama
Office of the Registrar
Meisler Hall, Suite 1100
Mobile, AL 36688-0002



Phone - (251) 460-6215
Fax - (251) 460-7738
Email – registrar@usouthal.edu

PLEASE READ BEFORE COMPLETING APPLICATION

- Please refer to the USA *Bulletin* or contact the major department for details concerning your specific graduate program before completing this application. Exceptions may apply to the readmission process based on individual programs.
- **Returning graduate applicants** are students who were previously enrolled in the graduate school at USA and who have been absent from USA for at least one semester. (Exceptions: A readmission is not required for graduate students enrolled spring term that do not attend summer.)
- **Returning graduate students** entering the same graduate program in which they were previously enrolled should complete a readmission application provided their absence has not exceeded seven (7) years for Masters programs and ten (10) years for Doctoral programs from the term of original admission to the program.
- **Transient** students must reapply each term and request an official Transient Approval for each term.
- Returning students entering a **new or different graduate program** must submit a new application in the Office of Admissions as outlined in the USA *Bulletin*.

IMPORTANT INFORMATION FOR READMISSION

- **If you do not register for your original application term**, you must complete another application for the term you plan to readmit.
- **Financial Aid Applicants:** You must be a degree-seeking student at USA. You cannot readmit or register as non-degree seeking and receive financial aid.
- **Veterans:** If you are a veteran, please contact the Office of Veteran Affairs (251) 460-6230 for benefit information.

COMPLETE THE APPLICATION INFORMATION ON THE REVERSE SIDE.
BE SURE TO SIGN THE BOTTOM OF THE APPLICATION.

PRINT or TYPE all information requested.
USE BLACK INK ONLY

UNIVERSITY OF SOUTH ALABAMA

Graduate Readmission Application

LEGAL NAME (PLEASE PRINT)	STUDENT NUMBER
_____	J00 _____
Last _____ First _____ Middle _____	
Name Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Name Suffix: (Ex. Jr. Sr., III, etc.) _____
Preferred First Name: _____	Maiden/Other Name _____
Mailing Address: _____	Apt. _____
City: _____ State _____ Zip _____	County _____
State of Legal Residency _____	County of Legal Residency _____
Phone Number (____) _____	Check One: <input type="checkbox"/> Current <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager
Secondary Phone (____) _____	Check One: <input type="checkbox"/> Current <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager
Email Address _____	

GENDER: Female Male Date of Birth: ____ / ____ / ____

SOCIAL SECURITY: _____ (Your SSN is optional as an applicant to USA and is used for identification purposes only; however, the SSN is required when applying for financial aid.)

U.S. CITIZEN: (NOTE: International or Permanent Resident must reapply through the Admissions Office for International Students, not the Registrar's Office)

ETHNIC BACKGROUND Hispanic/Latino Not Hispanic/Latino

RACE Amer Indian/Alaska Native Asian Black or African American White Native HI/Pacific Islander
(Information needed for Department of Education reporting use only.)

MARITAL STATUS Married Separated Unmarried Widowed

TERM/YEAR RETURNING TO USA: (Mark one term only.)
 Fall (August) Spring (January) Summer (May/June) Year _____

RETURNING COLLEGE/MAJOR <input type="checkbox"/> Allied Health Professions <input type="checkbox"/> Arts and Sciences <input type="checkbox"/> Mitchell Business <input type="checkbox"/> Computer/Information Sciences <input type="checkbox"/> Education <input type="checkbox"/> Engineering <input type="checkbox"/> Nursing <input type="checkbox"/> Medicine (Basic Medical Sciences only)	RETURNING ADMIT TYPE Graduate: <input type="checkbox"/> Masters <input type="checkbox"/> Alternative Masters (Education) <input type="checkbox"/> Educational Specialist (Education) Post-Graduate: <input type="checkbox"/> Doctorate <input type="checkbox"/> Post-Masters (Nursing only) Graduate Transient: <input type="checkbox"/> Transient (Need Official Transient Approval) (Non-Degree) Non-Degree: <input type="checkbox"/> No degree sought
PLANNED MAJOR _____	

APPLICANT'S SIGNATURE

I certify that the information above is true and complete. I understand that withholding information requested, with the exception of information designated as optional, or giving false information may make me ineligible for readmission and enrollment.

Signature: _____ Date: _____

REGISTRAR USE ONLY

Last Term: _____ Class: _____ Student Type: _____ Residency N / S / O / A County Code: _____

Previous Program: Major: _____ / _____ Major (2): _____ Minor: _____ Concentration: _____

Catalog Term: _____ Holds: _____ GPA: _____ TCE Verified: _____

Acad Status: _____ Admit Type: _____ Decision: _____ Admit Date: _____ SGASTDN Override: _____ SHAINST: _____