APPLICATION FOR READMISSION

Note: This form must be submitted to TGS before the first day of classes of the quarter in which readmission is requested.

Application for Readmission to ____________________________________________________________ Program of Study

PERSONAL DATA (completed by student)

Student’s Name __________________________________________________________

Last Name ___________________________ First name ___________________________ Middle initial ___________________________

NU Student ID number (7 digits)------------------------------------------------------

Email Address__________________________________________________________________________________________________

REGISTRATION DATA (completed by student)

In what program of study were you registered when last enrolled in The Graduate School? __________________________________

For what academic year and quarter do you wish your application to become effective? Readmission cannot be retroactive. You must select a future quarter: Academic year: 20______ / 20______

Quarter (check one): Fall (approximately 9/21) ☐ Spring (approximately 3/24) ☐

☐ Winter (approximately 1/3) ☐ Summer (approximately 6/18) ☐

Check the degree sought: ☐ Ph.D. ☐ Master’s only ☐

☐ M.F.A. ☐ Master’s/Ph.D. ☐

☐ Nondegree special student

Note: The completion of this form does not guarantee that you will be readmitted to The Graduate School. If readmitted, you will be charged a readmission fee of $250 plus the equivalent of TGS 512/TGS 513 tuition for any lapse in registration.

Student signature__________________________________________________________ Date________________________

PROGRAM REVIEW: (completed by program into which student is requesting readmission)

☐ Recommend Readmission ☐ Do Not Recommend Readmission

If recommended, please indicate below any special conditions of readmission (e.g., academic requirements, financial arrangements, etc...), any comments, and/or reasons for not recommending readmission: ____________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Director of Graduate Study Signature__________________________________________ Print Name____________________________

Advisor’s Signature__________________________________________________________ Print Name____________________________

Return to Student Services in The Graduate School: by email to gradservices@northwestern.edu OR by mail to The Graduate School, Northwestern University, 633 Clark Street, Evanston, Illinois 60208-1113.

Revised April 2016