

Registrar's Office 501 Crescent Street New Haven, CT 06515-1355 Phone: 203-392-5321 Fax: 203-392-7144 Email: Registrar@SouthernCT.edu Web: OneStop.SouthernCT.edu

## **Readmission Application**

**Instructions:** Students who previously attended Southern may be eligible to return to the University to continue their studies. The Readmission Application may be an option for some returning students, while others may need to reapply with the Admissions Office. Please visit the website to determine eligibility before submitting this application: <a href="https://inside.southernct.edu/onestop/readmission">https://inside.southernct.edu/onestop/readmission</a>.

Readmission applications must be completed no later than 1 week prior to the start of the term to allow time for student registration before the end of add/drop. If approved, students will be reinstated to their last approved program of study for the program requirements in effect for the current catalog year. If a student left on academic warning or probation, that standing will still be in effect upon readmission.

## **Student Information**

If you do not have your Student ID, please contact the Registrar's Office for assistance.

*Student ID:	*Date	*Date of Birth:			
*Last Name:	*First	Name:	Middl	/liddle Initial:	
Other last names used while attending	3 SCSU:				
*Primary Phone Number:		<u>*</u> Email:			
*Street Address:		<u>*</u> City, State, Zip	o:		
*Are you planning to return?	Full-Time	Part-Time			
*What is the first to term you will regi	ster for? Fal	l Winter	Spring	Summer	
<u>Transfer Credit Request</u> along with yo transfer credit(s) applied to your recon College Name:	rd.			ts:	
		Number of Credits:			
REGISTRAR'S OFFICE USE ONLY:					
Earned Hours:	Readmission Decision				
GPA:		Appr	oved Den	ied	
Academic Standing:		If Deviad	Deesen		
Program:		lf Denied,	Keason:		
SCSU Username:					
Holds:					