

UNIVERSITY OF SOUTHERN MISSISSIPPI
GRADUATE READMISSION APPLICATION

Any graduate student, who has been admitted to a program, is in good standing, and sits out a semester is required to fill out a readmission application. Students who have missed two or more semesters, are in good standing, and are within their six year limitation, must contact the department chairperson for a memo granting permission to be reactivated into that program.

A student who has completed a bachelor's degree or a graduate degree program and desires admission into a new graduate program or wishes to take non-degree courses must fill out a graduate admission application, NOT A READMISSION APPLICATION.

Students who have not enrolled within the past 6 years and are seeking permission to complete a program, in which a previous full admission was granted, must contact the department and review revalidation requirement prior to filling out this form. A plan of completion must be submitted to the University Director of Graduate Studies for approval before a readmission status can be granted. If you have any questions please contact the 601-266-5137

ID or SS NUMBER	LAST NAME	FIRST NAME	MIDDLE NAME
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Mailing Address: _____
Street/PO Box City St zip County

Permanent address: _____
Street/PO Box City St zip County

Email: _____ Telephone: _____

Citizenship Status: () U.S. Citizen () Resident Alien () Non-Resident Alien-Country of Current Citizenship _____

Mississippi Resident: () Yes () No if yes, MS when did residency begin: _____

I was initially admitted: () Fall () Spring () Summer Year: _____

I am applying for readmission for: () Fall () Spring () Summer Year: _____ Degree _____

Department: _____ Major: _____ Emphasis _____
/For lists of degree programs go to: http://www.usm.edu/graduatestudies/apply_online.php

Enrollment Site: () Hattiesburg () Gulf Coast () Stennis () GCRL Meridian () Other: _____

Most recent attendance at University of Southern Mississippi: () Fall () Spring () Summer Year: _____

If you have ever attended USM under a different name, please indicate: _____

Have you attended another institution since you were last enrolled at USM? () Yes () No

If yes, we must receive an official transcript from the institution prior to determining readmission status.

Name of Institution	Enrollment Dates
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Certification. I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate and that I am the applicant represented in this submission. I understand that withholding information required, except where it is voluntary for me to furnish that information, or giving false information may make me ineligible for admission and enrollment, I agree that all records of my academic performance may be furnished by any institution of higher education that I have attended. I affirm that I am eligible to return to the last college or university that I attended and will abide by the rules of the University of Southern Mississippi.

Date: _____ Signature: _____

**Readmission to former major may be subject to review and approval by department/college
Return to: University of Southern Mississippi, Graduate Admissions, 118 College Drive #10066, Hattiesburg, MS 39406
Or fax to: 601-266-5138. Phone: 601-266-5137 For lists of degree programs go to: http://www.usm.edu/graduatestudies/apply_online.php