

www.unh.edu/admissions

APPLICATION FOR READMISSION

This application is to be completed by students whose degree status at the University has been interrupted and who now wish to resume their UNH studies. Those students seeking readmission to a degree program offered on the UNH Durham campus should return their completed application to the UNH Office of Admissions, Smith Hall, 3 Garrison Avenue, Durham, NH 03824. Students seeking readmission to a degree program offered at UNH Manchester should return their applications directly to the Office of Admissions, UNH Manchester, 88 Commercial St., Manchester, NH 03101.

Application Deadlines:

UNH Durham Fall semester June 1 Spring semester November 1

UNH Manchester

June 15 November 1 Application Fee: \$20 nonrefundable

Checks or money orders only, made payable to UNH with

the applicant's name and UNH ID

number or date of birth. Please do not send cash.

BEFORE COMPLETING THIS APPLICATION, PLEASE GO TO http://admissions.unh.edu/apply/previously-enrolled-students FOR IMPORTANT DETAILS ABOUT THE READMISSION PROCESS.				
1. Name (print or type)		FIRST	MIDDLE	
2. If any materials will be sent to us unde	r a different name, under v			
3. UNH ID number		4. Birth date		
		M	O/DA/YR	
5. Permanent mailing address	STREE	T OR P.O. BOX		
		(
CITY OR TOWN	STATE	ZIP	TELEPHONE	
6. E-mail address				
7. Semester applying for: Fall				
8. Left UNH? Number	of semesters completed? _	Major at	that time?	
9. To which college/school division and	najor are you now applyin	g for readmission? (Consult major options at www.undergradcat.unh.edu)	
COLLEGE	MAJOI	₹		
10. Some majors have space restrictions ar approved for your first choice major, do y			point average requirements. If you are not	
COLLEGE	MAJOI	R		
11. Schools attended since leaving UNH:	Location:	Dates attended:	Degree(s)/Date(s) of graduation:	
12. Are you currently enrolled in coursewo	ork? Yes	No	If yes, please list those courses below.	
Course title Department	Fall or spring term/ full year per term	School	Credit awarded	

RGS 🗖	RW □	D 🗖			
OFFICE	E USE ONLY	****	DATE		
	SIGNATURE OF APPLICA	ANT	DATE		
	I certify that, to the best of	of my knowledge, the information g	ven in this application is accurate and complete.		
16.	All Applicants				
	If you answered yes to eit incident and explains the		a separate sheet of paper that gives the approximate date of each		
	Since leaving UNH, have	you been convicted of a misdemeand	r, felony, or other crime? Yes No		
15.		onduct or behavioral misconduct, th	ciplinary violation at another college you have attended whether at resulted in your probation, suspension, removal, dismissal, or		
14.	We are interested in knowing how your time away from the University has been spent and why you now wish to return to UNH.				
	☐ Disciplinary action		inary reasons, you must receive clearance from the Office of Community ease contact them at 603-862-3377, Room 5, Hitchcock		
	☐ Personal				
	☐ Academic suspension		ment giving your reasons for believing you can successfully complete a specific steps you will take to ensure your academic success if you		
	☐ Health Withdrawals	the extent of your readiness to rest needs you may require upon your r Executive Director's Office, 4 Pette	hysician/therapist who has treated you since your withdrawal, indicating me studies, a description of the status of your condition, and any special sturn to campus. Have the letter sent to UNH Health Services, e Brook Lane, Durham, NH 03824. (If you are applying for readmission to documentation to the UNH Manchester Office of Admissions.) Your hout this statement.		
13.	What were the reasons/circumstances for your leaving the University? (Please check the appropriate box.)				