



University of Michigan School of Public Health

Office of Academic Affairs: Registrar's Office

109 S. Observatory, Room 3537, SPH I, Ann Arbor, MI 48109-2029

734-764-5425, Fax: 734-763-5455, Email: sph.registrar@umich.edu, www.sph.umich.edu/

APPLICATION FOR READMISSION

(Submit this form to the Department)

<p>1. UMID _____</p> <p>2. U. S. Social Security Number: _____</p> <p>3. Last/ Family Name: _____ First: _____ Middle: _____ Other: _____</p> <p>4. Male _____ Female _____</p> <p>5. Birthdate: _____</p> <p>6. Birthplace (City, State/Country): _____</p> <p>7. <i>Check One:</i> Citizenship: U. S. Citizen _____ U. S. Permanent Resident _____ Perm.Res.Reg.No.: A _____ Country of Citizenship, if not U.S.: _____ Visa: _____</p>	<p>9. Permanent Mailing Address (valid until: _____) Street, Apt. Number: _____ City, State, Zip Code: _____ Country: _____ Daytime telephone: Area Code/Number: _____ Email Address: _____</p>																				
<p>8. Current Mailing Address (valid until: _____) Street, Apt. Number: _____ City, State, Zip Code: _____ Country: _____ Daytime telephone: Area Code/Number: _____ Email Address: _____</p>	<p>10. Program when last enrolled in SPH: _____ Last Term of Enrollment: _____ Degree Level: _____</p>																				
<p>14. Residency: Michigan Resident, since (month/year) _____ Non-Michigan Resident _____ Housing: None _____ Dorm _____ Family _____</p>	<p>11. Program of Original Application: _____ Plan: _____</p>																				
<p>15. Education: List all institutions from which you have received or will receive a degree. In addition, list all other post-secondary institutions attended. Submit one official transcript from each institution attended to the department to which you are applying (not necessary for change of degree level).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Institution</th> <th style="text-align: left;">Location (city, state/country)</th> <th style="text-align: left;">Major Field</th> <th style="text-align: left;">Degree/Diploma</th> <th style="text-align: left;">Dates Attended</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Institution	Location (city, state/country)	Major Field	Degree/Diploma	Dates Attended	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>12. Program Level (check one): Masters _____ Do you plan to continue for a Doctoral Program? Yes _____ No _____ Undecided _____</p>
Institution	Location (city, state/country)	Major Field	Degree/Diploma	Dates Attended																	
_____	_____	_____	_____	_____																	
_____	_____	_____	_____	_____																	
_____	_____	_____	_____	_____																	
<p>16. List all employment or other activities for the previous 3 years:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Employer</th> <th style="text-align: left;">City, State/Country</th> <th style="text-align: left;">Position/Title</th> <th style="text-align: left;">Dates: From-To</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Employer	City, State/Country	Position/Title	Dates: From-To	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>13. Term of Proposed Enrollment (check one): Fall _____ Winter _____ Spring _____ Summer _____</p>				
Employer	City, State/Country	Position/Title	Dates: From-To																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		

17. List significant scholarships and fellowships previously awarded as a graduate or as an undergraduate student.

Award	Title	Institution	Dates of Academic Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. List major academic recognition, honors and memberships including honor societies.

19. List any fellowships currently received, or applied to, from SPH.

20. I certify that I have read all instructions and that information in this application is true and complete. I understand that misrepresentation may be cause for cancellation of this change of status. I understand all credentials and documents I submit become property of the University of Michigan.

Signature _____ Date _____

Space Below for School Use Only

TO BE COMPLETED BY THE PROGRAM CHAIR:

VERIFY accuracy of term, program, and degree level stated above. Change them if they do not agree with your decision.

ADMISSION:

Regular _____
Conditional _____
 Lack of Preparation _____
 Probationary _____

WITHDRAWAL:

Application was incomplete _____ Student requested withdrawal _____
Application received too late _____ Other _____

DENIAL:

Applicant's overall qualifications are not as strong as those admitted. _____

PROGRAM CHAIR'S SIGNATURE _____ **DATE** _____

NOTES BY THE OFFICE OF ACADEMIC AFFAIRS:

OAA DIRECTOR'S SIGNATURE _____ **DATE** _____