



Registrar's Office  
501 Crescent Street  
New Haven, CT 06515-1355

Phone: 203-392-5301  
Fax: 203-392-7144  
Email: [registrar@southernct.edu](mailto:registrar@southernct.edu)  
Web: [www.southernct.edu/registrar](http://www.southernct.edu/registrar)

## Readmission Application

**Readmission applications are due no later than 1 week prior to the start of the semester to allow time for processing and student registration during the add/drop period.** Applications received later will be reviewed for readmission in the following term. Responses will be issued to the email address listed below.

Students returning within 12-months who did not attend another institution, or attempted fewer than 12-credits after leaving Southern, may complete this Readmission Application. Upon approval, students will be readmitted to their last program of study and prior catalog requirements.

Undergraduate students returning after 12-months, following the same criteria above, may also complete this Readmission Application; however, students will be approved to return as Undeclared under the current catalog requirements. Graduate students seeking readmission after 12-months, or undergraduate students who attempted 12 or more credits at another institution, must complete a new application through [www.SouthernCT.edu/admissions](http://www.SouthernCT.edu/admissions).

Please review the Readmission Policy in full at [www.SouthernCT.edu/registrar](http://www.SouthernCT.edu/registrar), for information on readmission following academic dismissal, readmission in order to graduate based on transfer credit, or for options to appeal for readmission to your last program of study if you do not meet the criteria outlined above.

### Student Information:

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden/Other names used while attending SCSU: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Are you planning to return?  Full Time  Part Time

Semester Returning?  Fall  Winter  Spring  Summer

### Please list all Colleges/Universities you have attended since leaving Southern CT State University:

College Name: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

College Name: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

**To transfer credit, please submit a [Transfer Credit Request form](#) along with official transcripts to the Registrar's Office.**

**Appeals:** If you are applying for readmission *after* 12-months of non-enrollment at the University, and you would like to request that the Academic Dean reinstate you to your last program of study and catalog requirements, please attach documentation regarding unforeseen personal circumstances beyond your control that may have impacted your ability to return to the University sooner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's Office Use Only:

GPA Hours: \_\_\_\_\_ Earned Hours: \_\_\_\_\_ GPA: \_\_\_\_\_ Academic Standing: \_\_\_\_\_

Program: \_\_\_\_\_ SCSU Username: \_\_\_\_\_

**Decision:**  Readmitted  Contact Admissions  Refused  Active  Holds Rev. 2018.06.06