



Application for Readmission

Must be reviewed on or before the following dates:

- December 1st - readmission for Spring Semester
- April 1st - readmission for all Summer Sessions
- July 1st - readmission for Fall Semester

<hr/> Last Name	<hr/> First Name	<hr/> MI	<hr/> Rensselaer ID Number (RIN)
<hr/> Present Address (Street, City, ST ZIP)			() <hr/> Present Phone Number
<hr/> Permanent Address (HOME Address)			() <hr/> Home Phone Number
EMAIL: <hr/> <small>(Personal)</small>		<hr/> <small>(RPI)</small>	

Readmission to Rensselaer for the _____ semester. School (i.e., School of Science) _____
 and Major (i.e., Biology) _____ in which you were enrolled while attending Rensselaer.
(To change your major, you must obtain approval for a curriculum change ONLY after readmission by contacting your Advisor.)

Last date of attendance (mm-dd-yyyy) _____ **Original** Date of Graduation (mm-dd-yyyy) _____

Expected Date of Graduation upon returning to Rensselaer (mm-dd-yyyy) _____

Reason for leaving Rensselaer: Medical Academic LOA Dismissal Other (Please explain below)

If you've checked "**Medical**", please specify one of the following: Student Health Services Counseling Center

Please check if you are an *international student* on an F-1 or J-1 Visa:

Are you requesting readmission for **FINAL ADMINISTRATIVE REGISTRATION (FAR)** only?
 (0 credit hours): Yes No

Please check if you are a HEOP student

Complete Questions 1 – 8 (additional sheets of paper may be used if necessary)

1. Have you been employed since leaving Rensselaer? _____ If so, give the name of employer, date(s) of employment, and your duties. *(Please ask your employer to write a letter on your behalf.)*

Employer	Date(s) Employed	Duties
_____	_____	_____
_____	_____	_____

2. Have you taken courses at another college? _____ If so, did you receive an Associates Degree? _____
Upon Completion of course(s) at your current college, you must send an official transcript to the
to the Student Experience office. Sent Pending

List college(s) attended, courses taken, and grade in each course taken *(If grades are not available estimate your final grade and indicate that those grades are estimates).*

College	Course(s)	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. What are your curricular and career goals?

4. If you had academic difficulties, what basis do you have to believe that you can do better work than before?

5. Are there any special factors that you wish to share with the Committee reviewing your readmission application?

6. If your cumulative average at Rensselaer is below a 2.00, what average would you have to maintain in your remaining semesters in order to achieve graduation? _____

7. What courses do you plan to take in your first semester, if you are allowed to return?

Please use the space below to add any additional comments you would like to make in support of your readmission application:

Please return the completed application to:

Student Experience office
Rensselaer Polytechnic Institute
4100 Academy Hall
110 8th Street
Troy, New York 12180-3590

PHONE: (518) 276-8022
FAX: (518) 276-3372

Signature

Date