



Readmission Application

REGISTRAR'S OFFICE

Southern University at New Orleans
6400 Press Drive, New Orleans, LA 70126
Phone: 504-286-5175; Fax: 504-284-5495

Instructions:

1. This form is for use by both undergraduate and graduate students. If you have had an interruption in attendance for any reason, you must complete a readmission application.
2. Students who have been in attendance at other universities/colleges must also have a record of any credits earned since they were last enrolled at Southern University at New Orleans sent directly to the Office of Admissions.
3. All students must have a complete immunization record or request for exemption on file.
4. Submit you fully completed and signed form to the Registrar's Office. An application fee of \$20 is required for undergraduates and \$25 for graduate students.

Complete all sections on both sides of this form (please print in blue or black ink):

Southern University at New Orleans WILL NOT PROCESS an incomplete Readmission Application.

SID (if known) _____ I last attended SUNO during (term/year) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address (if different from above): _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Home Phone: (____) _____ Email: _____ Gender: M F

Expected Enrollment (Choose start term only):

Fall (August) _____ YEAR Spring (January) _____ YEAR Summer (May) _____ YEAR

Planned Major: _____

Please indicate your status (check all that apply):

- ☐ Degree Seeking ☐ Associate Degree ☐ Bachelor Degree
- ☐ Non-Degree Seeking ☐ Teacher Certification ☐ Substance Abuse Certification

Did your parent, guardian or spouse graduate from Southern University at New Orleans? ☐ Yes ☐ No Graduation Year _____

Name: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Data

High School: _____

Location (City & State): _____ Year Graduated: _____

List below all colleges or universities that you have attended (if any) since you last enrolled at or applied to SUNO. You must submit official transcripts from each institution attended. Faxed transcripts are not considered official. *Failure to acknowledge attendance at a college or university may result in the denial of your application.*

School	City/State	Dates of Attendance	Degree Earned/Expected Date	Credit Hours Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Residency

Please account for all time since your high school graduation. **DO NOT** include military service or enrollment in institutions covered in previous sections of this form.

Employment/Activities:	City/State	From: (Mo/Yr) To: (Mo/Yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Place of Birth (if not United States) _____ Visa expiration date (if applicable) _____

Ethnicity

- ☐ African American ☐ White (Caucasian) ☐ Asian American
☐ Other ☐ Native American ☐ Hispanic/Latino

Citizenship Status

- ☐ U.S. Citizen ☐ Non-Citizen

To complete your application for readmission, please review all portions of the application, read and sign below. *INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.*

I understand that this application for readmission only applies to the semester indicated. I also recognize that I am bound by the University's regulations concerning application deadlines and its readmission requirements. My signature also indicates my authorization of the release of my transcripts to Southern University at New Orleans. I acknowledge that all information submitted is complete and accurate. Providing false or misleading information may result in the rejection of my application, my dismissal from Southern University at New Orleans and/or my financial aid status being affected.

If readmitted to Southern University at New Orleans, I agree to abide by the policies established by the University. Should any information change prior to my entry to the University, I will notify the SUNO Registrar's Office immediately.

Applicant's Signature (must be signed in ink) Date: _____