

**UNIVERSITY APPLICATION
FOR RE-ADMISSION**

Return to:

University of Dubuque
Director of Admission
2000 University Avenue
Dubuque, IA 52001

PERSONAL INFORMATION

1. Name in full (Last, first, middle, maiden - if appropriate, Jr., etc.)

2. Home Address (Number and Street or Rural Route, City/State/Zip + Zip Extension)

3. Email address

4. Cell Phone (Optional)

5. Home Phone

6. Business Phone

7. Social Security #

8. Date of Birth

9. Single Married Divorced
 Separated Widowed

10. When did you last attend University of Dubuque?

11. When do you plan to re-enroll at University of Dubuque? Enroll: Fall Spring of _____ (year)

Enroll as a: Freshman Sophomore Junior Senior

Status: Full-time Part-time

12. Intended majors (1st Choice)

(2nd Choice)

13. Do you plan to apply for financial assistance? Yes No

14. Are you a veteran? Yes No

Date of Service

15. Check appropriate box for living arrangements:

Residence Hall Commuting student

SCHOOLS ATTENDED

1. Have you attended any colleges or universities during your absence from University of Dubuque? Yes No

If yes, Name of School
City/State

Period of Attendance
Month/Year - Month/Year

Please submit official transcripts to the Admission Office.

2. Have you been dismissed from any college or university? Yes No
If yes, for what reason?
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3. Were you on academic probation at the last college you attended? Yes No

4. Are you currently in default on any student loans? Yes No

ADMISSION DEPOSIT

University of Dubuque requires a \$200.00 admission deposit from all students (taking 12 credit hours or more per semester hours).

PERSONAL STATEMENT

Please use this space (or attach an additional page) to let us know about issues of importance to you and/or events that have happened in your life since your first application to the University of Dubuque. Include your reasons for seeking re-admission to the University.

IMPORTANT

Misrepresentation deemed significant by University of Dubuque in any statement may be considered sufficient reason for refusal of admission or cancellation of registration after re-acceptance.

I hereby certify that the information given in this application is correct. I agree to comply with the rules and regulations of University of Dubuque as stated in official publications, if I am re-accepted as a student.

Date of application

Signature

Thank you for your application. We look forward to working with you!