

Readmission Fee: \$20.00
(Non-refundable)

GRADUATE READMISSION APPLICATION

Student ID# _____
Social Sec# _____

OFFICE OF THE GRADUATE SCHOOL & CONTINUING EDUCATION
VALPARAISO UNIVERSITY
Valparaiso, Indiana 46383-6493

1. NAME

(LAST) (FIRST) (MIDDLE) (FORMER NAME)

(E-mail Address)

3. CURRENT ADDRESS

NUMBER AND STREET CITY, STATE, ZIP TELEPHONE

I am seeking readmission to the following graduate program: (Check degree & concentration if appropriate)

<input type="checkbox"/> Master of Arts:	<input type="checkbox"/> Counseling/Clinical Mental Health Counseling	<input type="checkbox"/> JD/MA PSY
	<input type="checkbox"/> Chinese Studies	<input type="checkbox"/> JD/MA CMHC
	<input type="checkbox"/> English Studies & Communication	<input type="checkbox"/> JD/Chinese Stu.
<input type="checkbox"/> Master of Arts in Liberal Studies (MALS):	<input type="checkbox"/> English	<input type="checkbox"/> Human Behavior & Society
	<input type="checkbox"/> History	<input type="checkbox"/> Ethics & Values
	<input type="checkbox"/> Theology	<input type="checkbox"/> Theology & Ministry
	<input type="checkbox"/> Int'l Commerce & Policy	<input type="checkbox"/> Gerontology
<input type="checkbox"/> Master of Science:	<input type="checkbox"/> Digital or Sports Media	<input type="checkbox"/> Individualized
<input type="checkbox"/> Master of Science:	<input type="checkbox"/> School Psychology	<input type="checkbox"/> JD/MALS
<input type="checkbox"/> Education Specialist	<input type="checkbox"/> Int'l Economics & Finance	<input type="checkbox"/> JD/ICP
<input type="checkbox"/> Master of Education (MED):	<input type="checkbox"/> Sports Administration	<input type="checkbox"/> JD/Sports Admin.
<input type="checkbox"/> Doctorate of Nursing Practice	<input type="checkbox"/> Initial Licensure	
<input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Teaching & Learning	
<input type="checkbox"/> Non-Degree (ND): Indicate purpose of readmission.	<input type="checkbox"/> Master of Science in Nursing Education	
	<input type="checkbox"/> Master of Engineering Management	
	<input type="checkbox"/> Initial Teacher Certification	<input type="checkbox"/> Professional Educator (License Renewal)
	<input type="checkbox"/> Personal Enrichment	<input type="checkbox"/> Teacher License Endorsement
	<input type="checkbox"/> Certificate Programs	<input type="checkbox"/> Visiting (Transfer V.U. Credits to other institution)

5. Last Date of Enrollment

_____ Year Fall Spring Summer I Summer II

6. Proposed Date of Readmission/& Enrollment

_____ Year Fall Spring Summer I Summer II

7. Reason for discontinuing my academic work at Valparaiso University: _____

8. List in chronological order all educational institutions attended since you last enrolled at Valparaiso University.

Name and Location of School	Date of Attendance	Total Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE ONLY

Graduate Dean's Approval: _____ Date: _____
Date Readmission Fee Paid: _____ Receipt Number: _____

