GRADUATE READMISSION APPLICATION

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)

- [ ] Master of Arts:  
  - Counseling/Clinical Mental Health Counseling  
  - Chinese Studies  
  - English Studies & Communication  
  - Int'l Commerce & Policy  
  - Int'l Economics & Finance  
  - Digital or Sports Media  
  - Sports Administration  
  - Education Specialist  
  - School Psychology  
  - Initial Licensure  
  - Teaching & Learning  
  - Doctorate of Nursing Practice  
  - Master of Science in Nursing Education  
  - Master of Business Administration  
  - Master of Engineering Management  
  - Non-Degree (ND): Indicate purpose of readmission.
    - Initial Teacher Certification  
    - Personal Enrichment  
    - Certificate Programs  
    - Professional Educator (License Renewal)  
    - Teacher License Endorsement  
    - Visiting (Transfer V.U. Credits to other institution)

5. Last Date of Enrollment

[ ] Fall  [ ] Spring  [ ] Summer I  [ ] Summer II

6. Proposed Date of Readmission/Enrollment

[ ] 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.

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<thead>
<tr>
<th>Name and Location of School</th>
<th>Date of Attendance</th>
<th>Total Years</th>
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OFFICE USE ONLY

Graduate Dean’s Approval: ____________________________ Receipt Number: __________

Date Readmission Fee Paid: __________________________ Date: __________