

The purpose of this form is to apply for administrative readmission to Valparaiso University for the purpose of degree completion without registration for Valpo courses. Students who plan to return and register for Valpo courses should use the *Readmission* form and submit it to the Office of Admission.

Please complete, print, and submit to:

**Valparaiso University | Office of the Registrar | 1700 Chapel Drive | Kretzmann Hall | Valparaiso, IN 46383**

Phone: (219) 464 - 5212 | Email: [registrar@valpo.edu](mailto:registrar@valpo.edu) | Hours: Monday - Friday, 8:00 AM - 5:00 PM Central Time

**Student Information**

Date \_\_\_\_\_

VU ID # \_\_\_\_\_ Full Name \_\_\_\_\_

 SSN \_\_\_\_\_
   
Family/Last Name,
Given/First Name
Middle Name
Maiden/Former Name
  
Please type or print your name as it is officially recorded with Valparaiso University.

Email \_\_\_\_\_ Phone \_\_\_\_\_ Marital Status \_\_\_\_\_

**Current Address**

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Address, If Readmitted \_\_\_\_\_

**Academic Information**

College or School of the University \_\_\_\_\_

 Anticipated Graduation Date \_\_\_\_\_
   
 May     August     December    Year

 Last Semester Enrolled \_\_\_\_\_
   
 Fall     Spring     Summer I     Summer II    Year

Reason for Interruption of Academic Work

Program / Major(s) \_\_\_\_\_ Degree \_\_\_\_\_

Minor(s) \_\_\_\_\_

All Education Institutions Attended Since Last Enrolled at Valparaiso University (Chronological Order)

Name of School	Location	Dates of Attendance	Years

**FOR OFFICE USE ONLY**

Program \_\_\_\_\_

- Approved   
  Approved Provisionally   
  Denied  
 Hold Registration