



MISSISSIPPI STATE UNIVERSITY™ THE GRADUATE SCHOOL

Readmission Application

Name: _____ 9-digit ID: _____ Net ID: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____ Non-MSU email address: _____

Other names under which records may be located: _____

Program Information

Please fill out the following concerning the program you were previously enrolled in:

College: _____ Department: _____ Degree: _____

Major: _____ Concentration: _____

Campus: _____ Admitted term to program: _____ Last date attended: _____

Readmit term: _____

Statement of Purpose

Please provide a brief statement of purpose describing your reason for applying for readmission and your plan to finish your degree. You may provide additional explanations on a separate page if space is not sufficient.

Other Institutions Attended

Have you attended any other college or university since you were last enrolled at Mississippi State University?* Yes No

Institution 1 (if applicable): _____ Dates attended: _____

Institution 2 (if applicable): _____ Dates attended: _____

Students must submit an official transcript from each institution attended before being accepted for readmission

Approval

I understand that my readmission is contingent on submission of transcripts from all institutions I have attended since I was last enrolled at Mississippi State University. If transcripts are not received within three weeks after the beginning of the term for which I am registering, my readmission may be revoked.

I understand that students readmitted to the Graduate School must satisfy the continuous enrollment requirement by registering retroactively for a minimum of one credit hour and pay the associated tuition and fees at current rates for all semesters that have elapsed since they were last enrolled – up to a maximum of two semesters per academic year and a total of eight semesters.

Departmental Decision

Please select departmental decision below:

Readmit:

Reject: If rejected, please provide a reason.

Type/Printed Name

Approval Signatures

Date

Student

Graduate Coordinator

Department Head (if applicable)

Academic Dean

Dean of the Graduate School

After department and college approval, please submit this request to recordchange@grad.msstate.edu