



MISSISSIPPI STATE UNIVERSITY™ THE GRADUATE SCHOOL

Readmission Application

NAME _____ 9-DIGIT ID _____ NET ID _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip Code)

PHONE NUMBER _____ EMAIL ADDRESS _____
(Primary Personal)

Former names under which records may be located: _____

Program Information

Fill out the following information as to the student's previous program:

College: _____ Department: _____ Degree: _____

Major: _____ Concentration: _____

Campus: _____ Admit Term: _____ 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

Agreement

I understand that my readmission is contingent upon 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.

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

_____	_____
_____	_____
_____	_____
_____	_____