University of Bridgeport
Application for Readmission

Name: _______________________________  Student Number: ______________________

Maiden / Previous Name: __________________________

Address: _______________________________  E-mail: ____________________________

City: ___________________________  State: _______  ZIP: ___________  Phone: ______________

Term Requesting to Return: (check one)  _____ Fall  _____ Spring  _____ Summer  Year: ______

Major: ________________________________  Anticipated Date of Graduation: __________

Past Advisor: ________________________________

Are you presently or have you enrolled at any college/university since your withdrawal from UB?

_____ Yes  _____ No  If yes, which school(s)? ________________________________

(submit official transcripts from each)

State your reason for withdrawal from UB: ____________________________________________

Student’s Signature: ___________________________  Date: ______________

Action on Application for Readmission
Clearance must be obtained from the following offices:

College Dean or Designate        Date          Bursar        Date

International Student Services        Date          Registrar        Date

List any conditions or stipulations pertinent to readmission: (OFFICE USE ONLY)

rev 6/13