

The University of North Carolina at Pembroke

School of Graduate Studies

Readmission Application

(As of July 1, 2010 there will be a \$25.00 readmission application fee.)

Please type or print all information requested below and return this application to the School of Graduate Studies Office, Lumbee Hall 253 or P.O. Box 1510, Pembroke, NC 28372-1510 (910) 521-6271. If you have been out for more than two semesters and will be registering for 4 or more hours per semester, your completed health form should be returned directly to Student Health Services.

Full legal name _____ Sex M F
Last First Middle

Student ID _____ Date of Birth _____ Race _____ Prior name(s) _____

Permanent Physical Address _____
Street City State County Zip

Local Physical Address (if applicable) _____
Street City State County Zip

Mailing address (if a P.O. Box) _____
Box # City State County Zip

Home telephone _____ Work telephone _____ Email _____

Current Employer _____ What is your degree program? _____

When do you plan to return to UNCP? (Year) _____ Term: Fall Spring Summer I Intra SS Summer II

When did you last take classes at UNCP? Semester _____ Year _____

Have you attended any other college(s) since your last enrollment at UNCP? Yes ___ No ___ If yes, please list the institution(s) and dates of attendance, whether you completed the term or not. **An official copy of every new transcript from each institution must be sent to the Graduate School.**

Have you complied with North Carolina Immunization Law? No Yes If no or unknown, you should contact UNCP Student Health Services at (910) 521-6219 regarding compliance and a complete health form; if yes, you must submit a completed health form directly to the Student Health Office to update your records. Returning students failing to demonstrate compliance will be dropped from their classes and withdrawn from UNCP.

North Carolina Residency

North Carolina law (G.S. 116-143.1) states that in order to determine eligibility for the in-state tuition rate, "Every applicant for admission shall be required to make a statement as to the length of residence." The following information should allow for an accurate determination of residency status. If the total time listed below is less than 12 months, please list additional addresses and length of residency on an additional sheet. You will be contacted if further information is needed.

Are you a legal resident of North Carolina? Yes No Since what date? _____

How long have you lived at your permanent address? _____
of years # of months

Campus Safety Questions – Your “yes” answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purposes of the following six questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related. Circle the appropriate response to each item.

- 1 Have you ever been convicted of a crime? Yes No
- 2 Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you ever received a deferred prosecution or prayer for judgment continued, to a criminal charge? Yes No
- 3 Have you otherwise accepted responsibility for the commission of a crime? Yes No
- 4 Do you have any criminal charges pending against you? Yes No
- 5 Have you ever been expelled, dismissed, suspended, placed on probation, or subject to any disciplinary sanction by any school, college, or university for non-academic reasons? Yes No
- 6 If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? Yes No Currently serving Never served

If you answered “yes” to any of the six questions above questions, explain the circumstances below.

Please review the information you have provided very carefully. You must notify the Graduate School office, in writing, of any criminal charge; any disposition of a criminal charge; or school, college, or disciplinary action against you; or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or dismiss you after enrollment.

Student’s Affidavit: I understand that my failure to provide complete, accurate, and truthful information on this application, or to notify the Graduate School office of any of the changes indicated above, will be grounds to deny or withdraw my readmission, or to dismiss me after enrollment.

_____ _____
 Signature of Applicant Date

FOR OFFICIAL USE ONLY

Date received _____ Date Processed _____ Decision _____
 Approved by _____ Notification _____
 Readmission status _____ Data Entry _____