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**Application for Readmission *or***

**Request to Change Program**

Use this form to (1) apply for readmission to a program after non-enrollment of one calendar year OR (2) to apply to a different program while a graduate student at UNCP. Save the completed form as yournameReadmit or yournameChangeProgram (JaneSmithChangeProgram), use your bravemail (if possible) and email completed form to the program director **and** grad@uncp.edu.

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| Name/s (give any used): Click here to enter text. | Banner ID: Click here to enter text. | Email:  Click here to enter text. |  |
| Primary Phone Number: Click here to enter text. | Previous/Current Program: Click here to enter text. | Desired Program: Click here to enter text. | |
| When do you plan to return to UNCP?  Year: Click here to enter text.  Fall  Spring  Summer I  Summer II | | | |

When did you last take classes at UNCP? Semester Click here to enter text. Year Click here to enter text.

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:

Click here to enter text.

***An official copy your transcript from each institution must be sent to The Graduate School.***

**North Carolina Residency**

Your residency for tuition purposes determines your in-state or out-of-state status and may impact your admission, tuition, scholarship or financial aid eligibility. Do you claim to be a North Carolina Resident?

YES - I claim to be a North Carolina resident for tuition purposes.\*

NO - I do not claim North Carolina residency for tuition purposes. I understand I will be charged the non-resident tuition rate if enrolled at a North Carolina state-supported institution.

\*If you claim to be a resident, you must complete the residency process with the Residency Determination Service (RDS) at [www.ncresidency.org](http://www.ncresidency.org/).  You will receive a Residency Certification Number (RCN), which must be entered below.

RCN number: Click here to enter text.

**Have you complied with North Carolina Immunization Law?** Yes No

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 courses.

**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. Check 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 no contendere, an

Alford plea or have you ever received a deferred prosecution or prayer for

judgment continued, to a criminal charge? Yes No

1. Have you otherwise accepted responsibility for the commission of a crime? Yes No
2. Do you have any criminal charges pending against you? Yes No
3. Have you ever been expelled, dismissed, suspended, placed on probation, or
4. subject to any disciplinary sanction by any school, college, or university for

non-academic reasons? Yes No

1. If you have ever served in the military? Yes No
2. Did you receive any type of discharge other than an honorable discharge? Yes No
3. **If you answered “yes” to any of the six questions above, explain the circumstances in the box provided:**   
    Click here to enter text.

You must notify The Graduate School, 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 of any of the changes indicated above, will be grounds to deny or withdraw my readmission, or to dismiss me after enrollment.  
Signature: Date:

Processing this request requires a $25 fee. You may go by or call the Cashier’s Office (910.521.6855) and complete:

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| Cashier Name: Click here to enter text. | Payment Date: Click here to enter text. | Receipt No: Click here to enter text. |  |

***NOTE:***   
\* Completion of form DOES NOT indicate re-admission into program or admission into a different program.  
\* Program Directors may develop you a new plan of study which may include additional coursework or repetition of   
 courses previously take.  
\* If you will be registering for four (4) or more hours per semester, your completed health form should be submitted directly to Student Health Services.

**FOR PROGRAM DIRECTOR**

**Program Director** Name: Click here to enter text. Date: Click here to enter text.

Program Director decision and instructions for change in plan of study (if any): Click here to enter text.

*Please send to The Graduate School.*

***For Office Use Only***

Received: Click here to enter text. Processed: Click here to enter text.

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| Application Fee Paid:  Yes  No  Decision:  Approved  Denied Dean’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |