

# GRADUATE APPLICATION FOR READMISSION

Mail completed Application for Readmission to Graduate School, Eastern Illinois University, Charleston, IL 61920-3099 or fax to (217) 581-6020. Call after faxing to make sure reapplication was received.

Have you previously earned a degree at Eastern (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Name (Last, first, middle, previous) \_\_\_\_\_

EIU E # \_\_\_\_\_

Do you wish a name change (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Readmission for (semester/year) \_\_\_\_\_ Last attended Eastern (semester/year) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_

Birth date \_\_\_\_\_ Marital status (check one) Single \_\_\_\_\_ Married \_\_\_\_\_

U. S. citizen (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Degree you are seeking \_\_\_\_\_ Major \_\_\_\_\_

Former major \_\_\_\_\_ Former adviser \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

E-mail address \_\_\_\_\_

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To ensure proper handling, completed application must be mailed to the GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY, CHARLESTON, IL 61920-3099

### DO NOT WRITE BELOW

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Holds \_\_\_\_\_ Classification \_\_\_\_\_ Academic standing \_\_\_\_\_ New File \_\_\_\_\_

Ent. P.6 \_\_\_\_\_ Sum. Card \_\_\_\_\_ ILO \_\_\_\_\_ Permit \_\_\_\_\_ Date Sent \_\_\_\_\_