

# SUFFOLK UNIVERSITY GRADUATE ADMISSION RE-ENTRY FORM

Office of Graduate Admission

Phone: 617 573-8302

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Email: grad.admission@suffolk.edu

**PLEASE READ FIRST:** The Graduate Admission Office cannot re-enter students with a cumulative GPA below 3.0 or students who have financial obligations to the University. Students who are on an official leave of absence should contact the Registrar's Office and should not use this form.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_

I was last enrolled at Suffolk Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

The graduate degree program I will re-enter is: \_\_\_\_\_

Re-entering Semester/Year: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Re-entering Division: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are you an International Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: (required) \_\_\_\_\_

Please list any other college or university you have attended since leaving Suffolk. You must have an official transcript sent directly to Suffolk.

Briefly list your activities since you left Suffolk.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE: AD \_\_\_\_\_ CN \_\_\_\_\_ DN \_\_\_\_\_ By \_\_\_\_\_

ID#: \_\_\_\_\_ STACCTS: \_\_\_\_\_ GPA: \_\_\_\_\_ TRANSCRIPT RC'D: \_\_\_\_\_