

**ROLLINS SCHOOL OF PUBLIC HEALTH**  
**Office of Student Services**

**REQUEST FOR READMISSION**

Students planning to return after an absence of one or more semesters (excluding summer) must apply for readmission by completing this form. **This form must be completed, signed and returned at least 30 days before the desired semester of enrollment in order to register.** Return completed form to: Enrollment Services, Rollins School of Public Health, 1518 Clifton Road, NE, Atlanta, GA 30322.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program previously enrolled in: \_\_\_\_\_

(NOTE: Non-degree students may not be readmitted as degree seeking)

Semester last enrolled: \_\_\_\_\_ Returning semester: \_\_\_\_\_

Upon return, student will be enrolled in:                      Coursework                      Graduate in Residence

Expected graduation semester : \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Special note for International Students: International students wishing to be readmitted need to verify that all visa requirements are satisfied prior to readmission. Additionally, they must also meet health insurance requirements.

*Assistant/Associate Director of Academic Programs*

\_\_\_\_\_

Name and Signature Date

**Please check the appropriate box:      Approval              Disapproval**  
***Attach any comments regarding this request on a separate sheet.***

*Student Services Use Only*

Readmission performed by: \_\_\_\_\_

Name Date

With department approval, an email may be attached in lieu of electronic or physical signatures.