

Undergraduate Application for Readmission

Completed applications must be submitted to the Registrar's Office in person, by fax (906-487-3343) or email (registrar@mtu.edu)

MTU Student ID:		Date of Birth:	
Last name:		First:	Middle initial:
Street address:			
City:		_State:	Zip:
Phone:	Email a	address:	
Readmission Term:	Fall(Year)	Spring(Year)	Summer(Year)
Last term enrolled at Michigan Tech:	Fall(Year)	Spring(Year)	
Academic standing at time of separati	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(rear)	(rear)
Major while enrolled at Michigan Tech	າ:		
Major to which you are applying:(Department approval required when changing			
Degree for which you are reapplying:			
Have you attended another institution (If so, please have the institution(s) send a cop		•	an Tech)
Institution name:			
Address:			
Dates of attendance: From:		To:	
Institution name:			
Address:			
Dates of attendance: From:		To:	
Have you been convicted of a felony, of last attended Michigan Tech? (If yes, please provide a detailed explanation of the second of the secon			minal charges are pending since you
I certify that I am the above named pe	erson and the informati	ion I have provided is accura	te.
Student signature:		ı	Date: