



Graduate Academic Services

1950 Third Street La Verne, CA 91750

909-593-3511, EXT. 4011

E-mail: jbaker@laverne.edu

APPEAL FOR WAIVER OF UNIVERSITY POLICY READMISSION

Graduate students who have not been enrolled for at least two consecutive years or have been inactivated must apply for re-activation by submitting this appeal form and the following documents directly to Graduate Academic Services:

- 1) A new application form and application fee (fee will be waived for alumni).
- 2) A statement which addresses the absence from the program and reasons for returning.
- 3) Transcripts not previously sent to ULV and other departmental requirements if applicable. (If your file was inactivated 5 years ago, you will need to submit new transcripts)

Note: Readmitted students will need to comply with program requirements in effect at this time. You have one year from the time of readmission to successfully complete a course.

SECTION A – TO BE COMPLETED BY APPLICANT

Name: _____

I anticipate completion of this degree by _____
(Date)

Were any of your courses for this program completed more than four years ago? _____

If yes, on a separate page indicate why you believe your knowledge is still current for each course. (e.g., work experience, related courses, staff development, etc.) Attach documentation.

Date	Number	Title	Semester/Term	Dept. Approv.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature _____ Date _____

SECTION B – DEPARTMENT REVIEW

I recommend readmission to this degree program and acceptance of courses as indicated in Section A.

I recommend program completion by _____
(Date)

Comments:

Program Chair's Signature _____ Date _____



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University of La Verne – Woody Hall
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READMISSION APPLICATION FORM

NAME: _____ **STUDENT ID:** _____

BIRTH DATE: _____ **PROGRAM:** _____

ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE MA: _____ **PERSONAL EMAIL:** _____

BU: _____ **BUSINESS EMAIL:** _____

SIGNATURE: _____ **DATE:** _____