



**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



**Graduate Academic Services**  
**University of La Verne – Woody Hall**  
1950 Third Street La Verne, CA 91750  
909-448-4011  
E-mail: [jbaker@laverne.edu](mailto:jbaker@laverne.edu)

**READMISSION APPLICATION FORM**

**NAME:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE MA:** \_\_\_\_\_ **PERSONAL EMAIL:** \_\_\_\_\_

**BU:** \_\_\_\_\_ **BUSINESS EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_