



**Return this form to:**  
 University College  
 2211 S. Josephine St. Denver, CO 80208  
 Phone 303-871-2291 | Fax 303-871-3305  
 ucolsupport@du.edu

## University College Application for Re-Admission

**Student Name:** \_\_\_\_\_ **DU ID Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Last term of attendance at University College:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**When do you expect to re-enter?** Year \_\_\_\_\_ **Fall** **Winter** **Spring** **Summer**

**Attended another institution during absence?** **If yes, where?** \_\_\_\_\_

**Updated degree/certificate plan completed**

**Explanation of absence and request to return:**

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I certify that to the best of my knowledge the foregoing information is true and correct.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For office use only:*

**Admit Term:** \_\_\_\_\_ **Time Limit Expires:** \_\_\_\_\_ **Academic probation?** \_\_\_\_\_ **Holds?** \_\_\_\_\_

**SGASTDN Updated** **Time Ticket Assigned** **Reapplication Required**

**Notes:** \_\_\_\_\_

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