

# APPLICATION FOR UNDERGRADUATE READMISSION

## THE FOLLOWING UNDERGRADUATE STUDENTS MUST APPLY FOR READMISSION:

1. ANY STUDENT WHO HAS BEEN ABSENT FROM THE UNIVERSITY FOR SIX OR MORE YEARS
2. ANY STUDENT WHO HAS BEEN DISMISSED FOR UNSATISFACTORY ACADEMIC PROGRESS

### WHEN TO APPLY

Submit your application and all supporting documents for readmission by the following deadlines:

**Fall semester** — July 1

**Winter semester** — November 1

**Summer semester** — March 1

### HOW TO APPLY

Complete this application and fax it to (248) 370-4462, scan and email to [oakuniv@oakland.edu](mailto:oakuniv@oakland.edu), or mail it to:

**Oakland University**  
Undergraduate Admissions  
101 North Foundation Hall  
2200 North Squirrel Road  
Rochester, MI 48309-4401

**Note:** You must submit an **official transcript** from each college or university you have attended.

### PERSONAL INFORMATION

Grizzly ID Number

Name \_\_\_\_\_  
(Last, first, middle initial)

Date of birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP code \_\_\_\_\_ Today's date \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Intended major \_\_\_\_\_

### ACADEMIC INFORMATION

Desired term of entry (select one)  Fall  Winter  Summer Year \_\_\_\_\_

Please list all institutions you have previously attended

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

