DUQUESNE UNIVERSITY

Application for Re-Admission

Office of Undergraduate Admissions • Administration Building • Pittsburgh, PA • 15282

1. Complete the proper sections of this form. Return the completed, signed application to Duquesne University at the above address.
2. Name _____ SS# _____

   Address _____ City _____

   State _____ Zip _____ Phone _____

   If the above name or address is different than on the original application, please note: _____
3. In which school were you enrolled at Duquesne University? _____
4. Why was your education at Duquesne University interrupted? _____
   School or College *Date Last Attended*

   _____
5. To which school are you applying for re-admission? _____
6. What program do you plan to pursue at Duquesne University? *(Be specific)* _____

   _____
7. Please check the appropriate boxes. ❑ Fall ❑ Spring ❑ Summer 20 _____
   ❑ Resident ❑ Commuter ❑ Full-Time
8. List the Schools, Colleges or Universities you have attended during the period you were not enrolled at Duquesne University. **NOTE:** It is important that you list all Schools, Colleges and Universities even though you may not desire credit for work taken at such institutions. Applicant must notify all institutions attended to mail an official transcript of records directly to the Office of Undergraduate Admissions, Duquesne University.

Name of Institution	From	To	Credits Earned	Name of Institution	From	To	Credits Earned

9. Students who have been dismissed from the University must fill out this form and will be considered for re-admission by their respective school.
10. I certify that all information is complete and accurate, and that I am not withholding any information, which should be known.

TO BE READ AND SIGNED BY ALL APPLICANTS

It is the policy of Duquesne University to admit those applicants who are best qualified to profit from the opportunities it offers for intellectual, spiritual, and social growth. It does not discriminate on the basis of religious preference, sex, race, (color), national or ethnic origin, non-performance related handicap or veteran status in the administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other University-administered programs.

I understand and agree that my continuance upon the rolls of the University, receipt of academic credits, graduation, and the conferring of any degree or the granting of any certificate are strictly subject to the disciplinary authority of the University, which is vested in the President, and subject to his reserved powers, in the dean of each faculty.

Signature _____ Date _____