Georgia Institute of Technology Application For Readmission Form

Office of the Registrar, Readmission, Atlanta, Ga 30332-0315
Contact Us: comments@registrar.gatech.edu or 404-894-4150

BOX 1

GTID | | | | | | | | | |

Email (Required) _____

Phone (Home) _____

(Cell) _____

Name _____
LAST FIRST M

Address _____
STREET/APT

_____
CITY STATE ZIP

BOX 2

Proposed Major _____

Former Major _____

Degree Seeking

If Yes ☐ Undergraduate ☐ Second Undergraduate ☐ Masters ☐ Ph.D.
(Must re-enter at the same level as formerly enrolled)

If No ☐ Transient Student ☐ Special Student

BOX 3

Were you classified as a resident for fee payment purposes when last enrolled? ☐ Yes ☐ No

If your resident status has changed, email the Residency Office at comments@registrar.gatech.edu or call 404-894-4150.

BOX 4

Are you a United States Citizen or a permanent resident of the Untied States? ☐ Yes ☐ No

BOX 5

Term you propose to re-enter: ☐ Summer ☐ Fall ☐ Spring **Year** _____

Students on **Drop or Review** must submit a Petition to the Faculty (See Instruction Sheet).

Ever enrolled under Co-Operative Plan? ☐ Yes ☐ No Re-entering Co-Operative Plan? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic offense, or are any criminal charges now pending? ☐ Yes ☐ No
If yes, attach explanation.

Conviction shall include: A finding of guilty by a judge or jury, a plea of guilty, or a plea of nolo contendere, irrespective of the pendency or availability of an appeal or application of collateral relief.

BOX 6

If you have **NOT** attended another college since you were last enrolled at Georgia Tech, check here ☐

Please list dates of attendance at all colleges attended since last enrolled at Georgia Tech. Failure to disclose all colleges can result in your application being denied. You should immediately have official transcripts sent to the Office of the Registrar, Readmission, Atlanta, Ga 30332-0315.

***** A DECISION CANNOT BE MADE ON YOUR APPLICATION UNTIL ALL FINAL, OFFICIAL TRANSCRIPTS ARE RECEIVED *****

	College	Inclusive Dates of Attendance	Earned Degree	Estimated GPA
1.				
2.				

I certify that the above information is true and accurate, to the best of my knowledge

Signature of Applicant: _____ Date: _____

***** APPLICANT DO NOT WRITE BELOW THIS LINE *** APPLICANT DO NOT WRITE BELOW THIS LINE *****

Major: _____ ☐ Recommended ☐ Not Recommended

School Director: _____ Date: _____

Comments: _____

1._____ Your application for readmission has been approved for _____ Term, _____. Registration Begins _____

2._____ Your academic standing will be ☐ Probation ☐ Warning ☐ Good Standing

3._____ You were not recommended by your Major School; therefore, your readmission is not approved.

4._____ Your Petition to the Faculty was not approved; therefore, your readmission is not approved

5._____ Comments: _____

Readmission Counselor _____ Date: _____

Registrar _____ Date: _____

Completed forms may be faxed to 404-894-0167 Attention: Readmission or mailed to the Office of the Registrar, Readmission, Atlanta, Ga 30332-0315