



Readmission for Degree

University Registrar
 160 Funkhouser Drive
 10 W.D. Funkhouser Building
 Lexington, KY 40506-0054
 (859) 257-7173
 www.uky.edu/registrar/

FOR OFFICIAL USE ONLY
 Date Received _____ No Fee Required – Readmit for Degree

COMPLETE ALL FIELDS BELOW

<p>1. NAME</p> <p>_____</p> <p>First Name Middle Name Last Name (II, III, IV, etc.)</p> <p>Do not use nicknames.</p> <p>3. DATE OF BIRTH _____</p> <p style="text-align: center;">Month Day Year</p>	<p>2. UK ID</p> <p>_____</p> <p>or SOCIAL SECURITY NUMBER</p> <p>_____ - _____ - _____</p>
<p>4. SEMESTER OF INTENDED GRADUATION</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____</p> <p style="text-align: center;">YEAR</p>	<p>5. DEGREE / MAJOR / MINOR</p> <p><input type="checkbox"/> B.A. <input type="checkbox"/> B.S <input type="checkbox"/> Other _____</p> <p>_____ MAJOR _____ MINOR</p>
<p>6. HAVE YOU ATTEMPTED ANY COLLEGE WORK AT ANOTHER INSTITUTION SINCE YOU LAST ATTENDED UK?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list institution(s) _____</p> <p>Dates Attended: From _____ to _____</p> <p style="text-align: center;">MONTH/YEAR MONTH/YEAR</p> <p>If YES, has your official transcript been sent to Undergraduate Admissions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>7. PERMANENT ADDRESS</p> <p>_____</p> <p style="text-align: center;">Street</p> <p>_____</p> <p style="text-align: center;">City State Zip</p>	<p>8. E-MAIL ADDRESS</p> <p>_____</p> <hr/> <p>9. PHONE</p> <p>_____</p>
<p>10. I certify that the information given on this application is complete and correct. Deliberate falsification may subject me to immediate dismissal from the University of Kentucky and revocation of credits or degrees earned. All applicants meeting the appropriate academic requirements and technical standards shall be considered equally for admission to any academic program, regardless of economic or social status and will not be discriminated against on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p>	

SEND COMPLETED APPLICATION TO:

Lesley Cash
 University Registrar
 160 Funkhouser Drive
 10 W.D. Funkhouser Building
 Lexington, KY 40506-0054
 Fax: 859-257-7160
 registration@uky.edu