



GRADUATE STUDIES

APPLICATION FOR RE-ADMISSION

This application is valid **ONLY** for applicants who have been accepted into a post-baccalaureate or graduate program at SHSU within the past three (3) years and are seeking reinstatement into the same program. This application may **NOT** be used to change the degree/major sought, degree-seeking status, or certification-seeking status.

INSTRUCTIONS: Please print or type the information requested on this form and return it to Dean of Graduate Studies, Box 2478, Sam Houston State University, Huntsville, Texas 77341-2478. Telephone: (936) 294-1971; FAX: (936) 294-1271; e-mail: graduate@shsu.edu

Deadlines: Fall – August 1; Spring – December 1; Summer I – May 15; Summer II – June 15
Some programs have earlier deadlines. Please refer to the Graduate Catalog for specific program application deadlines.

Social Security #: _____ | _____ | _____

I am applying for reinstatement for (select one):

OR Sam ID: _____

Fall Semester _____ (year) Summer Semester I _____ (year)

Spring Semester _____ (year) Summer Semester II _____ (year)

Name (when LAST enrolled at SHSU):

_____ | _____ | _____
Last (Family Name) First Name Middle or Maiden Name

Note: If current name differs from above, please contact the [Office of the Registrar](#) for name change procedures.

Permanent Mailing Address:

_____ | _____ | _____ | _____ | _____
Street City State Zip Country

() - _____ | _____
Phone E-mail

Have you attended a college/university other than SHSU since last applying? Yes No

If **YES**, please provide the following information:

List below all colleges/universities in which you have been officially registered since last applying to SHSU. Official transcripts from each school listed must be submitted to Sam Houston State University. Failure to list all colleges attended may be considered an intentional omission and may result in your forced withdrawal from the University.

University	Dates Attended	Hours Completed	Degree Awarded

Has your citizenship status changed since last applying to SHSU? Yes No

If **YES**, please provide the following information:

Citizenship: Permanent Resident: date permanent resident card issued _____; Card # _____
 Naturalized citizen of the U.S.: naturalization number (top right-hand corner of certificate) _____

Have you resided outside of the state of Texas within the last year? Yes No

Are you currently a Texas resident? Yes No

If **YES**, how long have you resided in Texas? _____ Years and _____ Months

I understand that information submitted herein will be relied upon by college/university official to determine my status for admission and residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature

Date

APPLICATIONS ARE CONSIDERED INCOMPLETE UNTIL ALL REQUIRED DOCUMENTS INCLUDING OFFICIAL TRANSCRIPTS ARE RECEIVED.