University of California, Berkeley

Undergraduate Application for Readmission

Read these **INSTRUCTIONS** carefully before completing this form. Complete the application, then print a copy. Alternatively, you may print a blank copy, then fill it in. Submit the completed form, with a $70 check or money order payable to UC Regents, to your College/School advising office.

Term for which you are Reapplying: ◯ Fall 20 ____ ◯ Spring 20 ____

UC Berkeley Student ID Number: _____ **Date of Birth:** _____

Name as last Registered at UC Berkeley (*If your name has changed, please submit a Petition for Change of Name***):**

_____

Last Name, *First* *Middle*

Contact Information:

_____ _____ _____

Email Address *Local Phone* *Permanent/Home Phone*

Mailing Address:

_____ _____ _____ _____

Street *City* *State* *ZIP*

Permanent/Home Address:

_____ _____ _____ _____

Street *City* *State* *ZIP*

First Enrolled at UC Berkeley: ◯ Fall ◯ Spring ◯ Summer Year ____

Last Enrolled at UC Berkeley: ◯ Fall ◯ Spring ◯ Summer Year ____

I was last enrolled at UC Berkeley: _____ _____

College or School *Major*

I am reapplying to UC Berkeley: _____ _____

College or School *Major*

I expect to graduate: ◯ Fall ◯ Spring ◯ Summer Year ____

Approval of Expected Grad Term
Adviser Initials:

☐ **I have not attended/am not attending another institution while absent from UC Berkeley**

If you have attended another college or university while absent from UC Berkeley, please provide the following:

_____ _____ _____ _____ Dates: _____ _____

Institution *City* *State* *ZIP* *From* *To*

_____ _____ _____ _____ Dates: _____ _____

Institution *City* *State* *ZIP* *From* *To*

Clear Form Print Form

Applicant's Signature: _____ Date: _____

Signature of Dean or Dean's Representative: _____ Date: _____

Dean's Approval Required for All Students

Office of the Registrar Use Only

Blocks ☐ Yes ☐ No

Payment Received ☐ Yes ☐ No

_____ _____ _____

Date Received *RADM Date* *Staff Initials*