

## University of California, Berkeley

**There is a non-refundable application fee of \$70. Please select your payment method:**

My check or money order payable to UC Regents is enclosed; OR

**Term for which you are Reapplying:**

**UC Berkeley Student ID Number:**

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

*Last Name,*

**Contact Information:**

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**Mailing Address:**

Street

**Permanent/Home Address:**

Street

**First Enrolled at UC Berkeley:**

**Last Enrolled at UC Berkeley:**

**I was last enrolled at UC Berkeley:**

**I am reapplying to UC Berkeley:**

**I expect to graduate:**

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:**

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

Dates: \_\_\_\_\_  
*From*

\_\_\_\_\_  
*To*

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

Dates: \_\_\_\_\_  
*From*

\_\_\_\_\_  
*To*

**Applicant's Signature:**

**Signature of Dean or**

**Dean's Representative:**

*Dean's Approval Required for All Students*

<i>Blocks</i>	Yes	No	<b>Office of the Registrar Use Only</b>		
<i>Payment Received</i>	Yes	No	<hr/>	<hr/>	<hr/>
			<i>Date Received</i>	<i>RADM Date</i>	<i>Staff Initials</i>