



READMISSION APPLICATION FORM

- This form is applicable to:
 - Students who have interrupted their program of study for more than one year and are now returning to complete the same program.
 - Students who have interrupted their program of study for more than one year and are now returning to complete a new program
 - Students who completed a program of study more than one year ago and are returning to start a new program.
- Applications cannot be processed for accounts with financial blocks.
- Kindly submit the completed form, a copy of your receipt of payment of the BZ\$30.00 non-refundable processing fee, and a copy of your Social Security Card to admissions@ub.edu.bz for processing.

APPLICATION DEADLINES

All Readmission Application Forms are required prior to the University's stipulated registration period.

PLEASE COMPLETE FORM OVERLEAF

Section A:

Complete Name Student ID #: Gender:

Previous Name at UB, if applicable: Birthdate:

Nationality (please provide proof of nationality)

Marital Status: Married Single Divorced Widow(er)

Current Address: City/District

Country: Email Address Current Phone #:

Section B:

Last enrolled at UB (Semester/Year): Were you on suspension when you left UB?

Please help us to gather important data by indicating your reason for previously discontinuing the program:

Have you ever had any judicial problems? Yes No If Yes, explain on a separate sheet of paper.

Were you involved in any academic misconduct while studying at UB? Yes No If Yes, explain on a separate sheet of paper.

Readmission for: August (Year) January (Year) Summer (Year)

Enrollment Status:

Returning to my last Major of enrollment: Name of Major:

Not Returning to last Major, I want a new Major: Name of New Major:

Choice of Campus:

Section C

Since you last attended UB, have you attended any college or university? Yes No

If "Yes" state the institution and date attended, academic records might be required

Student Signature Date

Dean/Chair's Name: Dean/Chair's Signature: Date:

Admission Status:

Remedial Needs: Math English Other/Specify

Date Received: Receiving Officer Signature: Receipt #: