

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 <u>same</u> program.
 - Students who have interrupted their program of study for more than one year and are now returning to complete a <u>new</u> program
 - Students who <u>completed</u> a program of study more than one year ago and are returning to start a <u>new</u> 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 THE FORM OVERLEAF

Updated: March 27, 2023



Section A:

Complete Name	Student ID #:	Gender: M () F ()
Previous Name at UB, if applicable:	Birthdate DD/	/MM/YY:
Nationality		_(please provide proof of nationality)
Marital Status: Married \square Single \square	Divorced \square Widow(er) \square	
Current Address:		City/District
Country: Email A	Email Address Current Phone #:	
Section B:		
Last enrolled at UB (Semester/Year):	Were you on suspension when you le	eft UB? Yes () No ()
Please help us to gather important data by indicating	g your reason for previously discontinuing the pr	rogram:
Have you ever had any judicial problems? Yes ()	No () If Yes explain on a separate sh	eet of naner
Were you ever involved in any academic misconduc		• •
Readmission for: August (Year) January	Y (Year) Summer (Year) F	Full-Time () Part-Time ()
Select one of the following options:		
() I am Returning to my Major of enrolment: Na	ame of Major:	
() I am returning to a New Program of Study: Na	ame of the New Program:	
Choice of Campus: Belmopan Campus ()	Belize City Campus () Toledo Campus	s () Central Farm Campus ()
Section C		
Since you last attended UB, have you attended any If "Yes" state the institution and date attended, according to the state of the state		
Student Signature	Date	
Dean/Chair's Name:	Dean/Chair's Signature:	Date:
Admission Status: Unconditional Acceptance	☐ Conditional/Probationary Acceptance ☐	Not Accepted
Remedial Needs: Math English	Other/Specify	
Date Received: Receiving	Officer Signature: Receipt #:	