

READMISSION PROCEDURES

Office of the Dean of Students (ODOS)

This checklist will help you complete the readmission process as smoothly as possible. Complete the following steps:

IN PERSON:

- 1) Complete Readmission Application.
- 2) Pay the **non-refundable** \$100 readmission fee in the Enrollment Services Center at the Student Account's window, located in the Lawshe Hall, Room 130.
- 3) Submit receipt with your application.
- 4) Return application and receipt to the Office of Dean of Students. (Lawshe Hall, Room 105)

BY MAIL:

- 1) Complete the Readmission Application.
- 2) Mail application, along with the **non-refundable** \$100 readmission fee:
(Payable to: *Purdue University Calumet*) to:

Purdue University Calumet
ODOS LAWS-105
2200 169th St
Hammond, IN 46323-2094

If you need further assistance in clarifying or exploring your academic and career goals, you may choose to call or schedule a meeting with a counselor in the Counseling Center, Gyte Room G-5; 219.989.2366 or an advisor in Career Services, SUL 349; 219.989.2419.

Please contact the Office of the Dean of Students at 219.989.4141 if you have any further questions.

Date Fee Paid _____
Classification School Dept Code Advisor Ext.

Record Ordered

Program Major Code Advisor Code Location

DO NOT WRITE ABOVE THIS LINE
PURDUE UNIVERSITY CALUMET
UNDERGRADUATE APPLICATION FOR READMISSION

1. Name: _____
Last First Middle/Maiden

2. Present Address: _____
Number & Street City State Zip

3. Purdue ID#: _____

4a. Telephone: _____

4b. Cell phone: _____

5. Birthdate: _____

6. Gender: Female _____ Male _____

7. What was your major? _____
Major School

8. From which campus were you dropped? Calumet _____ W. LaFayette _____ Other __ SEMESTER/YEAR? _____

9. Have you been academically dropped from the Purdue system more than once? Yes _____ No _____

10. For which session do you wish to be readmitted? Spring _____ Summer _____ Fall _____

11. Have you attended any other college, university, and/or served in the armed services since being dropped?
Yes _____ No _____ If yes, please identify _____

12. Check your ethnic/racial group. This information is required of the University by State and Federal laws pertaining to Civil Rights.

- A _____ American Indian or Alaskan Native
- B _____ White Non-Hispanic
- C _____ Black Non-Hispanic
- D _____ Asian or Pacific Island
- E _____ Alien Non-Resident
- I _____ International
- S _____ Hispanic

13. Name and Address of someone who can be contacted in case of emergency.

Last First Relationship

Address City State Zip Phone

14. Where have you been living for the past 24 months? (Please list month, date, and year)
Dates: From: _____ To: _____ Address: (street, city, state) _____
From: _____ To: _____ _____
From: _____ To: _____ _____

15. I certify that all information provided on the application is accurate, true, and complete.

Signature of Applicant Date