

Please read and agree by initialing each line before going to page 2.

ALL of the following conditions must be met in order to use this form.

_____ You are **NOT** a student in the **School of Dentistry, School of Law, School of Medicine, School of Pharmacy, the Conservatory of Music and Dance**, or a student in programs in **Nursing (BSN, MSN, PhD, DNP, or post-MSN certificate only), Graduate Biological Sciences, and Graduate Theater**.

_____ You have **NOT attended another institution** since leaving UMKC.

_____ You were **NOT academically dismissed** by your academic unit at UMKC.

_____ If you are a graduate student, it has been **two (2) or less consecutive semesters** (not including summer) since your last enrollment. If you are an undergraduate student, it has been **three (3) or less consecutive semesters** (not including summer) since your last enrollment.

_____ You wish to re-enroll in the **same academic unit** and **same degree program** in which you were previously enrolled.

_____ You were **NOT** enrolled previously as a Visiting/Community or Continuing Education Student.

If you do NOT meet ALL of the conditions above, apply for full admission at <https://www.umkc.edu/apply/returning.cfm> or by picking up a paper copy in the Office of Admissions.

NOTE: *You cannot be re-admitted to a program in which you have already earned a degree. If you wish to change your major you will need to resubmit a new application by visiting www.umkc.edu/admissions.*

Statement of Human Rights: *It is the policy of the University of Missouri-Kansas City, within support from the Board of Curators, to provide an educational and working environment that provides equal opportunities to members of the university community. The University of Missouri-Kansas City is committed to maintaining a community that recognizes and values the inherent worth and dignity of every person, fostering tolerance, sensitivity, understanding, and mutual respect. In accordance with federal and state law and university policy, the University of Missouri-Kansas City prohibits unlawful discrimination based on race, color, sex, religion, national origin or ancestry, age, disability, sexual orientation, citizenship, or veteran status. The Division of Diversity, Access, and Equality, 359 Administrative Center, 5115 Oak St., is responsible for all relevant programs. Please call 816-235-1323 for information or go to umkc.edu/diversity. People with speech or hearing impairments may contact the University by using Relay Missouri, 1-800-735-2966 (TTY).*

Students' right to know *In accordance with Public Law 101-542, UMKC reports 72 percent of its first-time full-time degree-seeking freshman return the second year. The UMKC Police Department publishes an annual campus report on personal safety and crime Statistics. The Report includes statistics from the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings owned or controlled by UMKC; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault and other matters. The report is available at the UMKC Police Department, room 213, 4825 Troost Building or at umkc.edu/adminfinance/police.*



Request to Re-Enroll Form

OFFICE OF REGISTRATION & RECORDS

For office use only:
Processed by _____
Date _____

Please read and initial all lines on page 1 before proceeding.

Please Print or Type

Student ID number _____ Date of birth _____

Last four digits of your Social Security Number _____

Name _____
Last First Middle Other

Permanent mailing address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I wish to re-enroll for term: Fall Spring Summer Year _____

Last term attended UMKC: Fall Spring Summer Year _____

Previous degree program and major at UMKC _____

I have read and agree that I meet **ALL** of the stipulations from page 1 and understand that my readmission is based upon my eligibility to re-enroll as determined by my academic unit.

Signature _____ Date _____

This form may be returned to the Office of Registration & Records (115 Administrative Center) or faxed to 816-235-5513. You may also print, sign, scan, and attach this form to an email and send it to registrar@umkc.edu.

*Electronic signatures are **not** accepted.*

Please allow two business days for processing.