



Office of  
Graduate Education

Readmission Form

Directions

Submit this form if you wish to resume a degree program interrupted by absence of one or more terms (not counting the summer term). For work leading to another degree in the same department or to a degree in another department, contact department and submit a new application.

Step 1: Student

Submit completed form directly to your home department for review by email. Students reapplying after an absence of one or more academic years are subject to a \$75 application fee payable by check or money order to MIT Graduate Admissions. This fee is not refundable.

Step 2: Department

Department will review and send completed form by email to gradadmissions@mit.edu or on paper to Building 3-107 (if check is included). Department will communicate with student about registration procedures and requirements.

Step 3: OGE

Office of Graduate Education will enter approved application into the admissions database (Grade20) to initiate reactivation of student record.

1 **Full Legal Name** MR.  
MS.

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FAMILY NAME GIVEN NAMES IN FULL; UNDERLINE GIVEN NAME BY WHICH YOU PREFER TO BE IDENTIFIED.

2 **Reply Address**

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NO. STREET CITY STATE ZIP CODE TELEPHONE

3 **Home Address**

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NO. STREET CITY STATE ZIP CODE TELEPHONE

4 **Date of Birth** US Citizen? If not, what type of US visa do you hold?

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MONTH/ DAY/ YEAR

5 **MIT ID Number:**

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6 **This is an application for readmission to the department of**  February  June  September 20 \_\_\_\_

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**to specialize in the field of:** **for the degree of**

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SPECIFIC SUB-AREA IN THE DEPARTMENT S.M., Ph.D., ETC

7 **Date of original entry to the program** **Date of withdrawal:**

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8 **Reasons for withdrawal:**

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9 **Occupation since withdrawal:**

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10 **Do you wish to be considered for financial aid?**  yes  no **A student answering affirmatively will be considered for each form of aid administered by MIT for which he may be eligible, including the award for Federal Traineeship. In some departments the student may have preference for one form of aid over another; if you have a preference, please indicate your order of choice here:**

Research Assistantship  Teaching Assistantship  MIT Fellowship or MIT Administered Federal Traineeship or Industrial Fellowship

**Other fellowship(s)** **Support from an industrial, military or other employer**

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GIVE NAME GIVE NAME

**Signature** **Date**

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**Approved**  **Not Approved**  **by** **Date**

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CHAIRMAN, DEPARTMENT COMMITTEE