



# Readmission for Degree

University Registrar  
160 Funkhouser Drive  
10 W.D. Funkhouser Building  
Lexington, KY 40506-0054  
(859) 257-7173  
www.uky.edu/registrar/

**FOR OFFICIAL USE ONLY**  
Date Received \_\_\_\_\_ No Fee Required – Readmit for Degree

## COMPLETE ALL FIELDS BELOW

<b>1. NAME</b> _____ First Name                      Middle Name                      Last Name                      ( II, III, IV, etc.) Do not use nicknames.		<b>2. UK ID</b> _____ or SOCIAL SECURITY NUMBER _____	
<b>3. DATE OF BIRTH</b> _____ Month                      Day                      Year			
<b>4. SEMESTER OF INTENDED GRADUATION</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    _____ YEAR		<b>5. DEGREE / MAJOR / MINOR</b> <input type="checkbox"/> B.A. <input type="checkbox"/> B.S <input type="checkbox"/> Other _____ _____ MAJOR                      _____ MINOR	
<b>6. HAVE YOU ATTEMPTED ANY COLLEGE WORK AT ANOTHER INSTITUTION SINCE YOU LAST ATTENDED UK?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, list institution(s) _____ Dates Attended: From _____ to _____ MONTH/YEAR                      MONTH/YEAR If YES, has your official transcript been sent to Undergraduate Admissions? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>7. PERMANENT ADDRESS</b> _____ Street _____ City                      State                      Zip		<b>8. E-MAIL ADDRESS</b> _____	
		<b>9. PHONE</b> _____	
<b>10. I certify that the information given on this application is complete and correct. Deliberate falsification may subject me to immediate dismissal from the University of Kentucky and revocation of credits or degrees earned. All applicants meeting the appropriate academic requirements and technical standards shall be considered equally for admission to any academic program, regardless of economic or social status and will not be discriminated against on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.</b>			
<b>APPLICANT'S SIGNATURE</b> _____		<b>DATE</b> _____	

### SEND COMPLETED APPLICATION TO:

Michelle Mossey  
University Registrar  
160 Funkhouser Drive  
10 W.D. Funkhouser Building  
Lexington, KY 40506-0054  
Fax: 859-257-7160  
registration@uky.edu