

APPLICATION FOR READMISSION

This form is for returning students who need to finish coursework and/or research. If returning to GSAS only to defend the dissertation and/or receive the PhD degree, fill out the APPLICATION FOR READMISSION FOR DEGREE ONLY.

Visit gsas.harvard.edu/admissions-policies/readmission for instructions on completing the application.

Deadline: January 31 for readmission for the following fall term.

HUID (if known):	Date of Birth (mm/dd/yyyy):
Mailing Address:	
Academic Department:	
Academic Department:	
Academic Department:	
Academic Department:Academic Advisor:Academic degree you will seek:	Anticipated Date of Degree:
Academic Department:Academic Advisor:Academic degree you will seek:	Anticipated Date of Degree: November (yyyy)

Date last registered in GSAS (including as a traveling scholar or on leave of absence): _____ (mm/yyyy)

CHECKLIST AND APPLICATION MATERIALS: □ Contact the degree program in which you are previously enrolled to clarify courses and exams to be taken, specify the time frame or duration to completion of the degree, confirm consent of your faculty advisor and committee, and determine what, if any, additional supporting documentation you should submit with your application. □ Statement of Purpose: Write a statement noting your reason for withdrawal, outlining your plans for further study, proposed coursework, and anticipated dissertation or research topic. Please include a time line for completion. □ Submit one letter of recommendation from a faculty member. Faculty may send their letter directly to the Office of Student Affairs (studaff@fas.harvard.edu). □ An official current Harvard transcript. □ Any official records or transcripts of academics, including language training since leaving GSAS, if applicable. □ Consult your financial aid officer to determine whether they need to provide evidence of ability to pay tuition during the enrolled terms.

I certify that the information presented in my application is accurate, complete, and honestly presented. I also certify that any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.

Signature:	Date:	

This application.

PLEASE RETURN ALL MATERIALS TO:

Office of Student Affairs by email (studaff@fas.harvard.edu) or by mail to:

Office of Student Affairs

The Graduate School of Arts and Sciences

Harvard University

1350 Massachusetts Avenue, Suite 350

Cambridge, MA 02138

If you have further questions about this form, please contact the Office of Student Affairs at 617-495-1814 or studaff@fas.harvard.edu.