



**APPLICATION FOR READMISSION FOR DEGREE ONLY**

*For students returning to GSAS who only need to defend their dissertation and/or receive the PhD. If returning to finish coursework and/or research, fill out the APPLICATION FOR READMISSION.*

Visit [gsas.harvard.edu/admissions-policies/readmission](https://gsas.harvard.edu/admissions-policies/readmission) for instructions on completing the application.

**Deadline is one month before deadline for degree applications.**

**Name (Last, First, Middle Initial):** \_\_\_\_\_

**HUID (if known):** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Academic Department:** \_\_\_\_\_

**Academic Advisor:** \_\_\_\_\_

**Academic degree you will seek:**

- AM
- SM
- ME
- PhD

**Anticipated Date of Degree:**

- November \_\_\_\_\_ (yyyy)
- March \_\_\_\_\_ (yyyy)
- May \_\_\_\_\_ (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 were previously enrolled to specify the requirements for 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 outlining your time line of completion to degree, including the current status of your dissertation.
- One letter of recommendation from your primary advisor. Your advisor may send their letter directly to the Office of Student Affairs ([studaff@fas.harvard.edu](mailto:studaff@fas.harvard.edu)).
- Official current Harvard transcript.
- Official records or transcripts of academic, including language training since leaving GSAS, if applicable.
- This application.

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:** \_\_\_\_\_

### PLEASE RETURN ALL MATERIALS TO:

Office of Student Affairs by email ([studaff@fas.harvard.edu](mailto: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](mailto:studaff@fas.harvard.edu).