

# Worcester Polytechnic Institute

Office of the Registrar

## Graduate Readmission Form

**(Please Print)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Date of last attendance at WPI: \_\_\_\_\_

In which semester and year are planning to resume your studies? \_\_\_\_\_

**Please note that your financial obligations may not be final, so please check your email and/or mail for notifications. By signing below, you acknowledge that you will be financially responsible for paying all charges associated with your account before you can be readmitted to the University.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Dean of Graduate Studies  
Graduate Coordinator & Department Head  
Bursar's Office  
Office of Student Aid & Financial Literacy