University of Kentucky

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

1. NAME

_____
First Name Middle Name Last Name (II, III, IV, etc.)

Do not use nicknames.

3. DATE OF BIRTH _____
Month Day Year

2. UK ID

___ ___ ___ ___ ___ ___ ___ ___

or SOCIAL SECURITY NUMBER

_____ - _____ - _____

4. SEMESTER OF INTENDED GRADUATION

☐ Fall ☐ Spring ☐ Summer _____
YEAR

5. DEGREE / MAJOR / MINOR

☐ B.A. ☐ B.S ☐ Other _____

_____ MAJOR _____ MINOR

6. HAVE YOU ATTEMPTED ANY COLLEGE WORK AT ANOTHER INSTITUTION SINCE YOU LAST ATTENDED UK?

☐ YES ☐ 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? ☐ YES ☐ NO

7. PERMANENT ADDRESS

_____
Street

_____
City State Zip

8. E-MAIL ADDRESS

_____

9. PHONE

_____

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.

APPLICANT'S SIGNATURE _____ **DATE** _____

SEND COMPLETED APPLICATION TO:

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