



Submit with **\$35.00** application fee to:  
Office of Graduate Admissions  
Coppin State University  
2500 West North Avenue  
Baltimore, MD 21216  
Phone: 410-951-3090 || Fax: 410-951-3022

**APPLICATION FOR RE-ADMIT/RE-INSTATEMENT  
(DEGREE SEEKING)**

The following documents must be submitted if lack of enrollment exceeds two (2) academic years: three letters of recommendation, a graduate statement of purpose, a resume, and transcripts of any college work conducted during your absence at any other institution(s). Your program of study may require submission of additional documentation. The application and all supporting documentation will be reviewed by the Graduate Admissions Committee to determine if you will be re-instated to the University.  
**You are required to adhere to any changes in the program and/or policies as indicated in the current catalog.**

Re-Instatement Term:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  Winter \_\_\_\_\_

1. Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Previous name in which your academic record may be filed: \_\_\_\_\_  
(Last, First, Middle)

2. Mailing Address: \_\_\_\_\_  
(Number and Street; City, State ZIP Code)

Permanent Address: \_\_\_\_\_  
(Number and Street; City, State ZIP Code)

3. Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married Sex:  Male  Female  
(Month/Day/Year)

6. Ethnic Origin:  Black  Native American  Asian  Hispanic  White  Foreign

7. Are you a U.S. Citizen?  Yes  No (If not, country of citizenship - \_\_\_\_\_; Country of birth - \_\_\_\_\_)

8. Person to contact in case of emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State ZIP Code: \_\_\_\_\_

9. Previous Coppin State University (CSU) Record: Date Last Attended - \_\_\_\_\_  
Career: Graduate \_\_\_\_\_ Program: \_\_\_\_\_ Track: \_\_\_\_\_

I solemnly affirm that the information given in this application is true and correct to the best of my knowledge. I understand that withholding information requested in this application or providing false information will make me ineligible for re-instatement to or dismissal from Coppin State University.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No \_\_\_\_\_ Date: \_\_\_\_\_  
SGS Dean's Signature  
Approved with conditions: \_\_\_\_\_ Date: \_\_\_\_\_  
SGS Dean's Signature