MISSISSIPPI STATE UNIVERSITY™
DEPARTMENT OF
BIOLOGICAL SCIENCES

READMISSION APPLICATION

Name: _____ **NET ID:** _____

9-DIGIT ID: _____ **EMAIL ADDRESS** _____

Program Information

Current Program: M.S.   Ph.D.

Program to which you are applying: M.S.   Ph.D.

I have discussed this decision with my previous Major Professor and understand they will be submitting a letter describing the circumstances that led to the separation.

Departmental Decision

Please select departmental decision below:

Readmit: ☐
Reject: ☐ **If rejected, please provide a reason.**

Type/Printed Name	Approval Signatures	Date
_____	_____	
Student		
_____	_____	
Graduate Coordinator		
_____	_____	
Department Head (if applicable)		

This form should be submitted to the Graduate Coordinator along with the other required documents as outlined in the Graduate Handbook. A decision will be made by the Graduate Committee and returned to you within one week.