

# Registrar Services

## Application for Readmission to Undergraduate Studies

Students who have been removed from the register of students prior to obtaining a degree at Jacobs University Bremen, may apply for readmission.

Please attach the following documents to the application:

- A **statement** explaining your motivation for readmission to the university. If you have left Jacobs University because of academic, disciplinary or health reasons, the statement has to clearly indicate that the circumstances have changed. In such cases, please submit supporting documents.
- A **detailed study plan** for the missing graduation requirements, in any additional semester(s).

The university reserves the right to require additional documentation (e.g. medical confirmations, financial plan, or other).

The complete application must be handed in to Registrar Services by no later than April 15 (for the following Fall Semester) and by no later than November 15 (for the following Spring Semester). A Readmission Committee will make the final decision on the application. The committee reserves the right to invite further university members if deemed appropriate.

**Important:** Please note that in case of an SFS hold on the CampusNet account, the hold needs to be solved before the application can be processed. The payment deadlines for solving the SFS hold are November 15 (for applications for a Spring semester) and July 1 (for applications for a Fall semester). If the SFS hold is not solved until the payment deadline, the application can no longer be considered for the following semester. In this case, the application can only be considered again during the next application round.

In case your readmission application had to be rejected you may submit an application to appeal the decision. Please refer to the website of Registrar Services for further details on that matter.

| Personal Information          |  |
|-------------------------------|--|
| Former Matriculation N°       |  |
| Family Name, First Name       |  |
| Major / Minor (if applicable) |  |
| Former Academic Advisor       |  |
| Email address                 |  |

| Student's Signature   |           |
|---|-----------|
| I hereby request readmission to Jacobs University. I have enclosed all necessary documents. |           |
| Date  | Signature |

| For internal use only             |  | Stamp confirming receipt of application |
|-----------------------------------|--|---|
| Date and time of the meeting      |  |   |
| Attendance List                   |  |   |
| Decision by Readmission Committee |  |   |
| Dean's Signature                  |  |   |