



Office of the Registrar

Professional School Readmission Application

Vetmed

Pharmacy

Name _____ Student ID Number _____

Active email address: _____

Previous name at Auburn if applicable: _____

Date of Birth: _____ Current phone number: _____

Current Address: _____

Last enrolled at Auburn: _____ Readmission for which term: _____

Note: Only degree seeking students are eligible for financial aid!

As defined by University policy, are you classified as an:

ALABAMA Resident

Non-Resident

Kentucky (Vet Med Only)

_____ I certify that I am a bona fide resident of the State of Alabama and that I have not left the state of Alabama for a period of 12 consecutive months or more since the date of my last enrollment at Auburn University.

I have attached a copy of my Alabama Driver's license that is at least a year old to verify this information.

If you do not have an Alabama Driver's license that is at least a year old or you were previously admitted as a non-resident and would need to prove residency, please view the residency requirements on our [Residency webpage](#).

All students seeking readmission to Auburn University must read the [readmission requirements](#) on the AU website. Your signature below will confirm that you are stating that all information given above is true and accurate to the best of your knowledge and that you have read and understand the readmission policy and will adhere to this policy.

Signature: _____ Date: _____

Once completed, return this form to the Office of the Registrar

Office of the Registrar
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