



Inter American University of Puerto Rico
Registrar's Office

READMISSION APPLICATION

Surnames:	First Name:
Student Number:	Date of Birth:
(If you do not have a student number, please provide the last 4 digits of your social security number.)	(month/day/year)
Mailing Address:	
Phone:	Email:
Emergency Contact:	Phone:

Select the campus you are applying to:

☐ Aguadilla ☐ Arecibo ☐ Barranquitas ☐ Bayamón ☐ Fajardo ☐ Guayama ☐ Metropolitano ☐ Ponce ☐ San Germán

Term you are requesting to be readmitted to:

Semester ☐ August ☐ January
Intensive ☐ August ☐ January
Trimester ☐ August ☐ November ☐ February
Bimester ☐ August ☐ October ☐ January ☐ March
Summer ☐ June ☐ July

Readmission Type: ☐ Avance ☐ Special ☐ Regular ☐ Transfer

If you checked Special, please choose the reason:

☐ Authorization from another institution ☐ Professional Development ☐ Audit
☐ Teacher, Education Department of PR ☐ Other: _____

Educational Goal:

☐ Technical Certificate ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate
☐ Professional Certificate ☐ Specialist Certificate ☐ Professional Development

Academic Program of Interest: _____

¿Did you study at another institution after interrupting your studies at IAUPR? ☐ Yes ☐ No

If yes, write the name: _____

Last date of studies at the IAUPR: _____ ¿Did you graduate? ☐ Yes ☐ No

I certify that all information provided in this application is correct, true and complete. I agree that falsification and/or providing incorrect information on this application may be considered fair cause for denial of this readmission. I agree to know comply and respect the rules and regulations of the Inter American University of Puerto Rico.

Applicant's Signature _____ Date _____

It is the Institution's policy not to discriminate against any person on the basis of race, color, age, sex, religion, nationality, marital status, political affiliation, physical disability, and status as a veteran of the armed forces.

INFORMATION

Readmissions Requiring Course Validation. Students who have completed studies at other accredited university institutions and wish to request course validation must arrange for the official transcript of credits from their previous institution to be sent to the Admissions Office of the campus where they intend to continue their studies.

Special Readmissions. Students who are not pursuing a degree at the University must submit the required documentation according to the type of readmission requested.

Application Deadline. The application must be received in the Registrar's Office at least one month before the next enrollment period.

Financial Assistance. If you are interested in financial aid, you must apply at the Financial Aid Office.

CAMPUS DIRECTORY

Aguadilla Call Box 20000, Aguadilla, PR 00605-2000, (787) 891-0925, exts. 2759, 2761, 2757
Arecibo PO Box 144050, Arecibo, PR 00614-4050, (787) 878-5475, exts. 3261, 3262, 3269
Bayamón Bo. Cerro Gordo, 500 ctra. John Will Harris, Bayamón, PR 00957-6257, (787) 279-1912, exts. 2050, 2111, 2084, 2052
Barranquitas PO Box 517, Barranquitas, PR 00794-0517, (787) 857-3600, exts. 2052, 2053
Fajardo Call Box 70003, Fajardo, PR 00738-7003, (787) 863-2390, exts. 2220, 2270, 2271
Guayama Call Box 10004, Guayama, PR 00785-4004, (787) 864-2222, exts. 2209, 2238
Metro PO Box 191293, San Juan, PR 00919-1293, (787) 250-1912, exts. 2137, 2195, 2223
Ponce 104 Parque Industrial Turpó, RDI, Mercedita, PR 00715-2201, (787) 284-1912, exts. 2010, 2012
San Germán PO Box 5100, San Germán, PR 00683-9801, (787) 264-1912, exts. 7219, 7220, 7226, 7228

FOR REGISTRAR'S OFFICE USE

Restriction: ☐ Bursar's ☐ Dean of Student Affairs ☐ Financial Aid ☐ Others, No restrictions

TFER HE	CUM IC	GPA	F'S	P'S	CUM HA	CUM HE

Readmission: ☐ Approved ☐ Denied Academic performance: ☐ Satisfactory ☐ Probation

Date processed _____ Registrar's Officer _____