



Former Missouri S&T Graduate Student Refresh Registration Eligibility

Missouri University of Science and Technology
Office of the Registrar

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300 West 13th Street
Rolla, MO 65409-0930
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Fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

1. Legal Name in Full					
Last _____	First _____	Middle _____			
2. Specify year and term in which you plan to enroll <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		3. Student ID _____	4. What Location do you plan on attending? <input type="checkbox"/> Main Campus <input type="checkbox"/> EEC in St. Louis <input type="checkbox"/> Fort Leonard Wood <input type="checkbox"/> Distance & Continuing Education <input type="checkbox"/> Other: _____		
5. Last term enrolled at Missouri S&T? _____					
6. Previous status at Missouri S&T (Select One) Regular: <input type="checkbox"/> MS <input type="checkbox"/> ME <input type="checkbox"/> MBA <input type="checkbox"/> MST <input type="checkbox"/> PhD <input type="checkbox"/> DE Conditional: <input type="checkbox"/> MS <input type="checkbox"/> ME <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Graduate Non-Degree					
7. What degree status are you seeking (Select One)? <input type="checkbox"/> Non-Degree NOTE: Students requesting a change from non-degree status to Graduate must submit a regular graduate application along with appropriate transcripts from all universities attended. <input type="checkbox"/> MS <input type="checkbox"/> ME <input type="checkbox"/> MBA <input type="checkbox"/> MST <input type="checkbox"/> PhD <input type="checkbox"/> DE <input type="checkbox"/> Graduate Certificate					
8. If you are seeking a degree at Missouri S&T, what is your anticipated graduation date? _____					
9. Indicate your planned degree program (changes in degree program require a new graduate application): _____					
10. Current Mailing Address (permanent)		Telephone/Cell # _____		E-Mail _____	
Street Address _____	City _____	County _____	State _____	Zip Code _____	
11. Work Address (optional)		Telephone/Cell # _____		E-Mail _____	
Street Address _____	City _____	County _____	State _____	Zip Code _____	
12. Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, have you contacted International Enrollment Office about obtaining a new I-20? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Failure to complete all items of this application or giving of misinformation will void your admission.					
Applicant's signature: _____			Date of Application: _____		
*** For Registrar's Office Staff Use ***					
The eligibility of returning students can be refreshed in their previous category provided all the criteria listed below are met. Changes in departments or changes from non-degree status to graduate status require submission of a graduate admissions application along with all transcripts from previous institutions attended.					
YES	NO	Graduate GPA \geq 3.000	_____	Original catalog year	
YES	NO	Number of "F" & "C" grades less than 9 credit hours (if original catalog year is prior to 2020/2021)		<input type="checkbox"/> less than 2 yrs. Certificate	
				<input type="checkbox"/> less than 5 yrs. Master's	
				<input type="checkbox"/> less than 7 yrs. Doctoral	
Graduate Non-Degree Students (No restrictions)					
			Readmission Action		
_____ Eligibility refreshed in previous category Student Group _____			_____ One or more of the above criteria has not been met. Student must submit graduate admissions application.		
Reviewer: _____			<input type="checkbox"/> Copy sent to Office of Graduate Education <input type="checkbox"/> Copy sent to academic department		