



OFFICE OF THE REGISTRAR

Readmit Semester Update

Name *(please print)* _____

Student ID Number _____

Email _____

I would like to:

Update admit term *please circle one*

Year: _____ Fall Spring Summer

OR

Withdraw my Application

Handwritten Signature: _____

Date: _____

Please return by fax, email or mail to:

Fax: 940-565-3878

Registrar@unt.edu

University of North Texas
Office of the Registrar
1155 Union Circle #311400
Denton, TX 76203-5017