



Inter American University of Puerto Rico
Registrar's Office

VAAE – REG 114E (07-2025)

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:

- | | | | | |
|------------------------------------|--|---------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Aguadilla | <input type="checkbox"/> Arecibo | <input type="checkbox"/> Barranquitas | <input type="checkbox"/> Bayamón | <input type="checkbox"/> Fajardo |
| <input type="checkbox"/> Guayama | <input type="checkbox"/> Metropolitano | <input type="checkbox"/> Ponce | <input type="checkbox"/> San Germán | |

Term you are requesting to be readmitted to:

- | | | | | |
|-----------|---------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| Semester | <input type="checkbox"/> August | <input type="checkbox"/> January | | |
| Intensive | <input type="checkbox"/> August | <input type="checkbox"/> January | | |
| Trimester | <input type="checkbox"/> August | <input type="checkbox"/> November | <input type="checkbox"/> February | |
| Bimester | <input type="checkbox"/> August | <input type="checkbox"/> October | <input type="checkbox"/> January | <input type="checkbox"/> March |
| Summer | <input type="checkbox"/> June | <input type="checkbox"/> July | | |

Student Type: ☐ Avance ☐ Special ☐ Regular ☐ Transfer

If you checked Special, please choose the reason:

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Authorization from another institution | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Audit |
| <input type="checkbox"/> Teacher, Education Department of PR | <input type="checkbox"/> Other: _____ | |

Educational Goal:

- | | | | | |
|---|---|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate | <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Master's | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Professional Certificate | <input type="checkbox"/> Specialist Certificate | <input type="checkbox"/> Professional Development | | |

Study Modality: ☐ Online Education ☐ On Campus

Academic Program of Interest: _____ Code _____
(see academic offering)

¿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, 2760, 2757
reg_aqu@inter.edu

Barranquitas

PO Box 517
Barranquitas, PR 00794-0517
(787) 857-3600, exts. 2052, 2053
registraduria@br.inter.edu

Metro

PO Box 191293
San Juan, PR 00919-1293
(787) 250-1912, exts. 2137, 2195, 2223
aolmo@metro.inter.edu

Arecibo

PO Box 144050
Arecibo, PR 00614-4050
(787) 878-5475, exts. 3261, 3262, 3269
registraduria.are@arecibo.inter.edu

Fajardo

Call Box 70003
Fajardo, PR 00738-7003
(787) 863-2390, exts. 2220, 2270, 2271
registraduria@fajardo.inter.edu

Ponce

104 Parque Industrial Turpó, RDI
Mercedita, PR 00715-2201
(787) 284-1912, exts. 2010, 2012
registraduria@ponce.inter.edu
readmision@ponce.inter.edu

Bayamón

Bo. Cerro Gordo, 500 ctra. John Will Harris
Bayamón, PR 00957-6257
(787) 279-1912, exts. 2050, 2111, 2084, 2052
registraduria@bayamon.inter.edu

Guayama

Call Box 10004
Guayama, PR 00785-4004
(787) 864-2222, exts. 2229, 2238
registraduria@guayama.inter.edu

San Germán

PO Box 5100
San Germán, PR 00683-9801
(787) 264-1912, exts. 7219, 7220, 7226, 7228
registraduria@intersg.edu

FOR REGISTRAR'S OFFICE USE

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

QP ÷ GPA H = GPA	CUM AH ÷ CUM EH = PACE

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

Date processed: _____ Registrar's Officer: _____