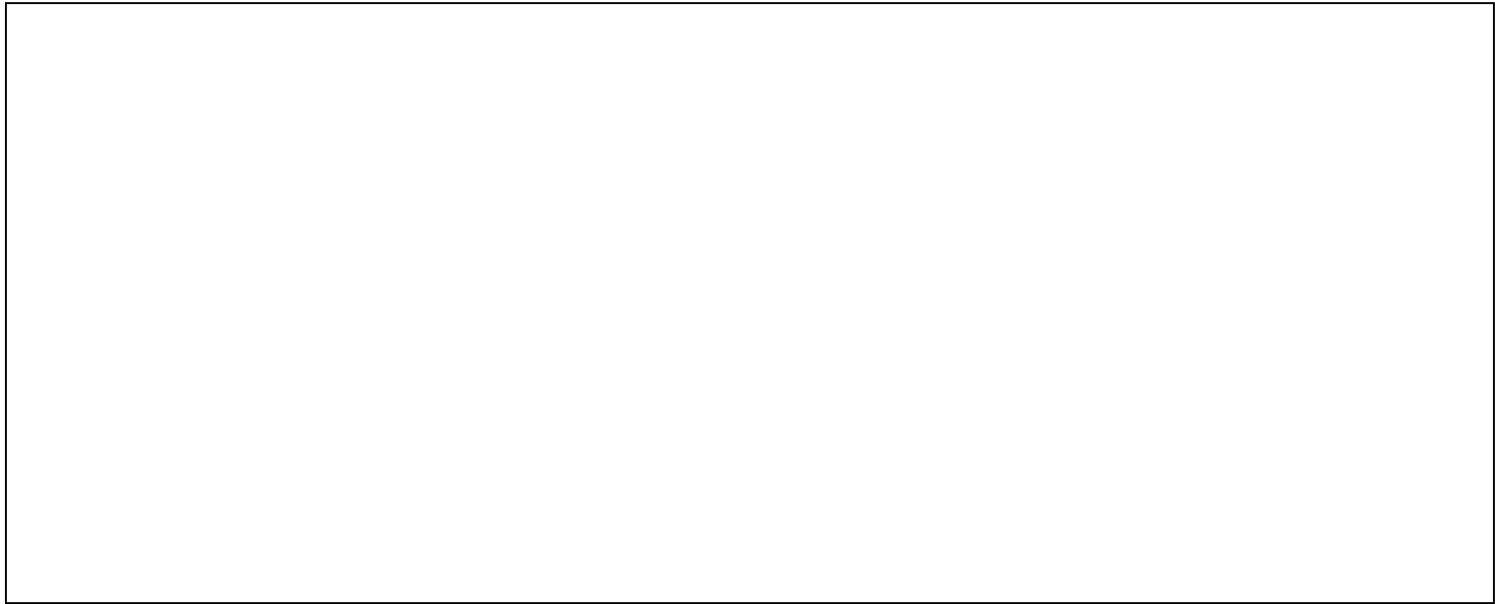
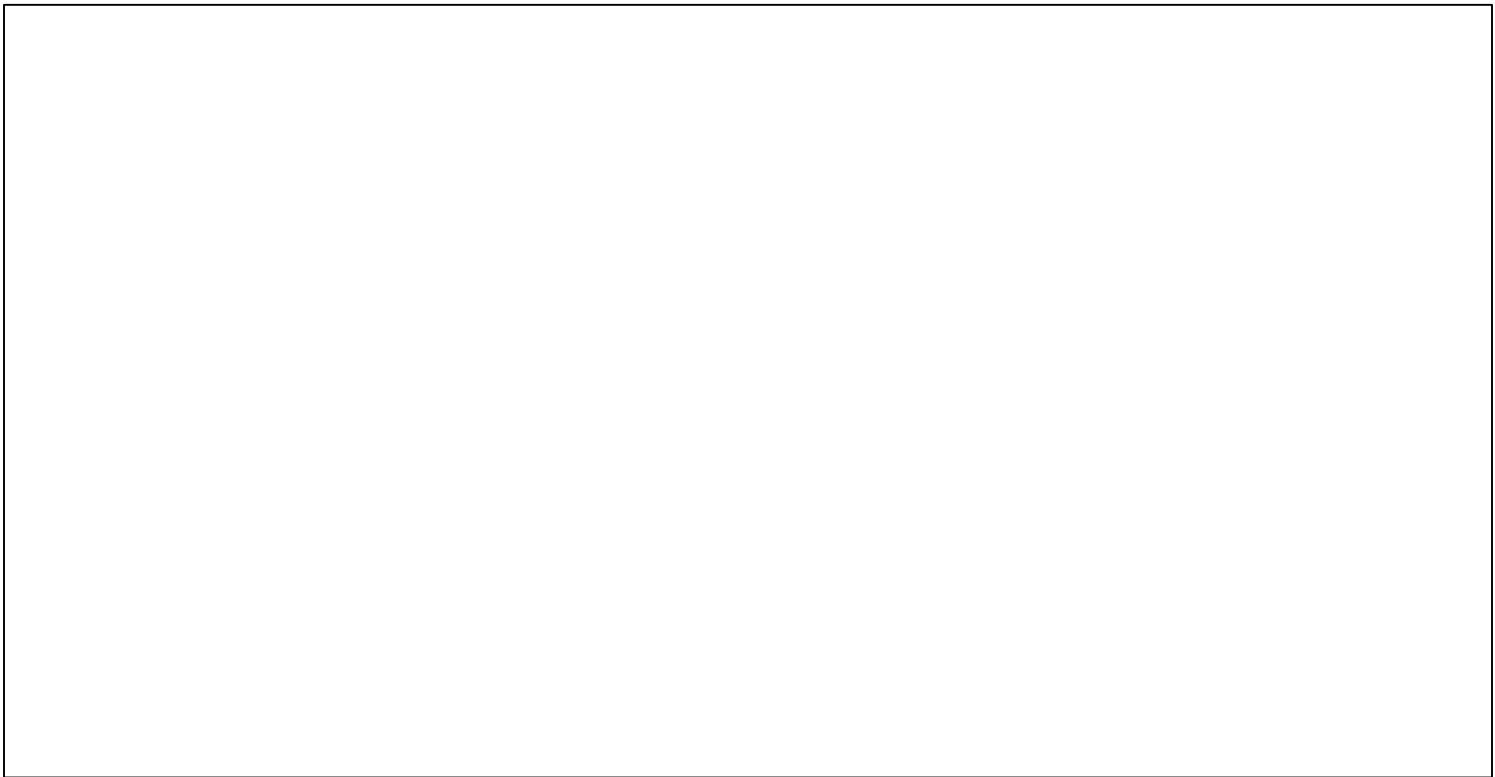


University



**University of South Alabama
Office of , P P L J U D W, LQRVQH U Q Admissions O
*raduate Readmission Application**

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Fall (August) Spring (January) Summer (May/June) Year _____

LEGAL NAME (PLEASE PRINT)

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