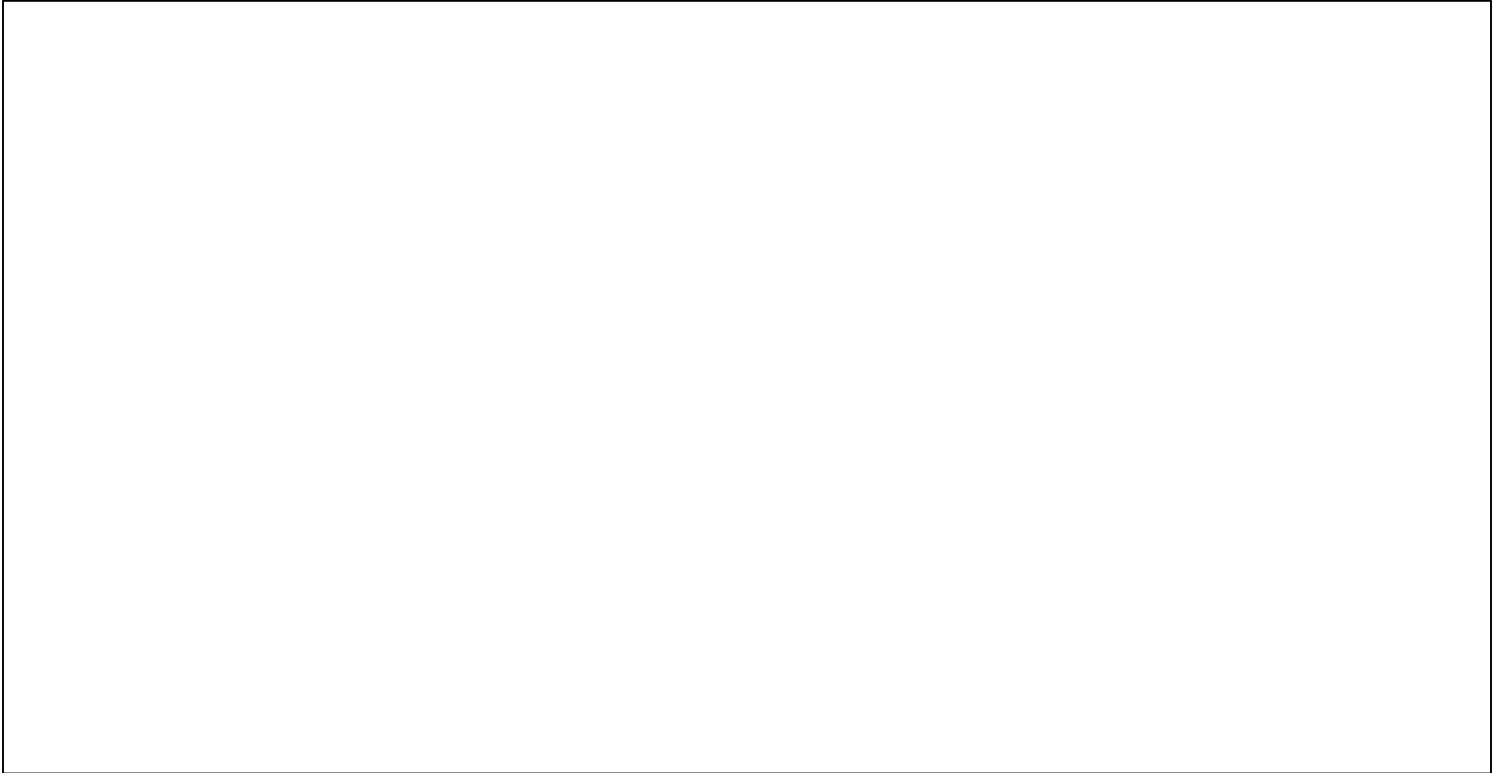
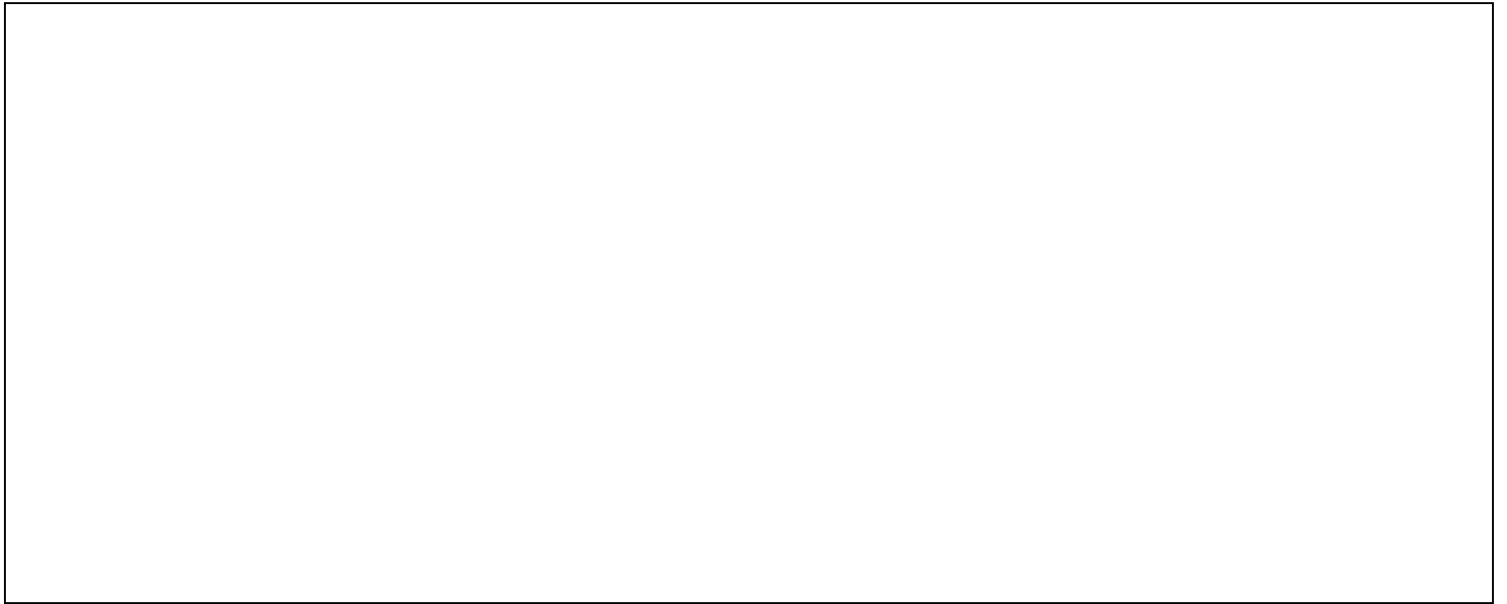


University

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University of South Alabama
Office of Admissions
***Graduate Readmission Application**

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

LEGAL NAME (PLEASE PRINT)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____
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