

GRADUATE SCHOOL OF ARTS AND SCIENCES REQUEST FOR REINSTATEMENT

(Submit to the dean's office at least four weeks prior to registering for classes or start of semester.)

PLEASE PRINT

Name: _____ SSN or ID#: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City & State) (Zip Code)

International Student? Yes No

Present mailing address (if different from above): _____

Until what date? _____ Phone (____) _____ - _____ Date of Birth: ____ / ____ / ____

Current email address: _____

Semester of desired re-enrollment: Fall 20____ Spring 20____ Summer 20____

Check one below:

- Application for **Re-Enrollment** (Please attach a timeline for degree completion.)
- Reinstatement from **Leave of Absence**
- Reinstatement from **Medical Leave of Absence** (see box below)

*Reinstatement from an approved Medical Leave of Absence is granted by the Dean's office
in consideration with a recommendation from Student Health & Counseling Service.
This form will not be considered until a recommendation from Student Health & Counseling Service is received.
Have you contacted Student Health & Counseling Service for this recommendation? Yes ____ No ____
~ Recommendation must be submitted at least four weeks prior to registering for classes ~*

(Student's Signature)

(Date)

Return this form to the dean's office.

Departmental Approval for Reinstatement:

Department Chair

Date

For Office Use Only:

If medical leave of absence, date return recommendation was approved by Student Health Services: _____

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