



RETURNING STUDENT REQUEST

Please complete the following:

Last/Family Name: _____ First Name: _____ Middle: _____ Suffix: _____

Email Address: _____ Student Number: @ _____

Program of Study: _____ MS PhD Certificate

Last term & year enrolled: _____

Reason(s) for separation/non-enrollment: _____

I hereby request to be re-admitted to the Graduate School as a returning student for: Fall Winter Spring
 Summer of Year: _____

Student's Signature: _____ Date: _____



Graduate Program Director or Department Chair Approval:

Approve: _____ Disapprove _____ Signed & Dated: _____

Notes: _____



Graduate School Approval:

Approve: _____ Disapprove _____ Signed & Dated: _____

Notes: _____