



### RETURNING STUDENT REQUEST

Name: <i>(last, first, M.I.)</i>		EMPL <b>(MUST)</b> <b><u>AND</u></b> CAMPUS ID#:	
E-mail Address:	Preferred Phone:	Last Term Enrolled: Semester <b><u>and</u></b> Year:	
Program:		Degree: Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Certificate <input type="checkbox"/>	
Reason(s) for Separation/Non Enrollment: Medical <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/>			
Please provide further explanation for your request:			
I hereby request to be reactivated to the Graduate School as a returning student for the following semester and year: FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> YEAR:			
<b>SIGNATURES</b> (Please <b>type and sign.</b> )			
Applicant's Name:		Applicant's Signature:	Date:
GPD's Approval: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Comments:			
GPD's Name		GPD's Signature	Date
Graduate School's Approval: Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Comments:			
Assistant Dean's Signature:		Date:	