



**RETURNING STUDENT REQUEST**

**Please complete the following:**

Name:

Email Address:

Campus ID:

Emplid:

Graduate Program:

Last Term and Year Enrolled:

Reason(s) for separation/non enrollment:

I hereby request to be reactivated to the Graduate School as a returning student for:

Term

Year

Student's Signature:

Date:

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**Graduate Program Director or Department Chair Approval:**

Approve:

Disapprove:

Signature and Date

Notes:

**Graduate School Approval:**

Approve:

Disapprove:

Signature and Date

Notes: