

Graduate Readmission Request Form

Please complete and return the completed form to the Graduate office for signatures at http://bit.ly/GradOfficeFormSubmission

Eagle I.D. Number: _____ Email: _____ Telephone _____

Student's Full Name: _____

Degree: M.A. M.A.T. M.S.T. M.Ed. PhD. EdD. CAES

Program: _____ Advisor _____

Date of Matriculation _____ Expected Graduate Date _____
(Semester and Year) (Semester and Year)

What was the last date you attended classes at the Lynch School? _____
(Semester and Year)

When are you planning to return to the Lynch School? Fall 20__ Spring 20__ Summer 20__

I have attached my plans to return and complete my program, along with an updated Program of Study.

I have made an appointment with a member of the graduate student services team to discuss my plans to return.

Student Signature _____ Date _____

From what status are you returning? Have you ever received financial aid? Yes No

- Voluntary withdrawal
 Mandatory withdrawal
 Leave of Absence
 Other
 Medical leave (requires additional documentation)

For Associate Dean's Office use only:

Practicum Office Approval (if appropriate):

Readmission is: Approved Not approved

Signature of Program Director/Program Coordinator (if applicable)

Date

Signature of Department Chair

Date

Signature of Associate Dean of Students

Date

Comments: