

Doctoral Readmission Request Form

Please complete all information and return the completed form to the office of the department in which you are completing your degree.

Eagle I.D. Number: _____ Email _____

Student's Full Name: _____

Permanent Address: _____
Number and Street

City State Zip

Telephone _____

Please complete the following regarding your returning status:

Degree: Ph.D. Ed.D. Program: _____

Date of Matriculation _____ Expected Graduation 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____

Please attach a statement explaining the reason you have not been attending classes and a program plan detailing how and when you plan to complete your program.

 Signature of Student

 Date

From what status are you returning?

- Voluntary withdrawal
- Mandatory withdrawal
- Leave of Absence
- Other _____

Have you ever received financial aid?

- Yes No

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 Graduate Studies

 Date