

Master's Readmission Request Form

Please complete all information and return the completed form to the office of Graduate Admission, Financial Aid and Student Services, Campion 135.

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: M.A. M.A.T. M.S.T. M.Ed. 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

After final action: Form will be processed by Office for Graduate Admission, Financial Aid and Student Services and copies will be sent to student, advisor and original will be kept in student's file.