

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:

Readmission is: Approved Not approved

PRACTICUM OFFICE APPROVAL
 (if appropriate) _____

 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: Submit to Graduate Office (Campion 135), original to student file, copy to student