

Reactivation Form

A student who was previously on a leave of absence must submit this form when returning from the leave of absence. Do not use this form with regards to application or admissions deferrals or withdrawals.

Student Name: R.T. Griffin

Banner ID#: 939999999

Dept/Program: _____

Semester and Year of Return: _____

Degree:	M.S. <input type="checkbox"/>	Ph.D. <input type="checkbox"/>	M.S./Ph.D. <input type="checkbox"/>
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I request to be reactivated to my program for the term listed above. I am aware that my time-to-degree clock was stopped at the beginning of my leave and will resume from my last semester of attendance.

Student Signature Date

Program Review and Approval:

Student's Faculty Advisor Signature Date

Director of Graduate Studies Signature Date

Associate Dean for Research and Graduate Studies	Date
Revised Time-to-Degree Deadline _____	
Processed: _____	