



* U D G X 5 D W D H G P L 5 M T R G R U W P

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. Ph.D. Ed.D. 4054 (M)-8 0 T

Date of Matriculation: _____ Expected Graduation: _____

(Semester and Year)

(Semester and Year)

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

When are you planning 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
- 0 H G L 0 B D V H T X L G H L W G R F 0 B 0 Q W D W L R Q

For Associate Deans 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

& R P P H Q W