



**REQUEST FOR GRADUATE REINSTATEMENT**

If a student wishes to return to his/her program after a Voluntary Withdrawal, or a Requirement to Discontinue (RTD), a request is to be made at least **one month** prior to the semester for which the reinstatement is to be effective for. Current program requirements will apply.

**STUDENT INFORMATION**

Last or Family Name	First Name	Middle Initial	Uof R Student Number
Current Mailing Address:			
City or Town	Province	Postal Code	
Home Phone:	Cell Phone:	Business Phone:	
Email:			
Program:	Major:	Route:	

**REQUEST**

Semester that you wish the Reinstatement to be effective for (check one):

<input type="checkbox"/>	Fall (Sept. – Dec.)	20
<input type="checkbox"/>	Winter (Jan. – Apr.)	20
<input type="checkbox"/>	Spring/Summer (May – Aug.)	20

Previous Program Attended: \_\_\_\_\_

Please provide an outline of the program requirements to be completed and the schedule for completion; address any course work over six years old for relevency:

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Please attach justification

**APPROVAL**

Approved: _____	Denied: _____	*	Supervisor's Printed Name:	Supervisor's Signature:	Date:
Approved: _____	Denied: _____	*	Graduate Coordinator's Printed Name:	Graduate Coordinator's Signature:	Date:
Approved: _____	Denied: _____	*	Associate Dean's Printed Name:	Associate Dean's Signature:	Date:
Approved: _____	Denied: _____	*	FGSR Approval:	Date:	

Comments:

**FOR FGSR OFFICE USE ONLY**

GS Reinstatement Fee (GSRF) assessed:

Yes: _____	No: _____	Date: _____	Initials: _____
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