Graduate Reactivation Form

The reactivation form must be submitted to the Dean’s Office/Student Section at least one month prior to the beginning of the term for which reactivation is sought. Please read the following to determine if your case qualifies for reactivation.

**Cases not covered by the reactivation form**

Students returning immediately at the end of an approved leave of absence do not need to submit this form and will be automatically reactivated.

Students who have exceeded maximum residency should not submit this form, rather they must submit a petition for extension to their faculty. If the petition is approved they will be automatically reactivated.

Students returning from an absence of more than 12 months without an approved leave of absence are not eligible for reactivation. They must reapply and will be considered for readmission following regular AUB application/admission procedures. This covers those who have exceeded maximum residency as well as those who have not.

**Cases covered by the reactivation form**

Students who have not exceeded maximum residency and are returning from an absence of 12 months or less.

**Additional information to consider**

In all cases, applications for reactivation first require the approval of the department, then the approval of the Faculty Graduate Studies Committee.

**Requirements**

1. Transcript of records and any relevant documents if available
2. Statement explaining reasons for interruption of studies

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ID number: __________________ E-mail: __________________ Mobile: __________________

Last name: __________________ First name: __________________ PO Box No.: ______________

Faculty: __________________ Major: __________________ Class: __________________

First term enrolled as grad:  [ ] Fall  [ ] Spring  [ ] Summer Academic year: _____ / _____

Last term enrolled:  [ ] Fall  [ ] Spring  [ ] Summer Academic year: _____ / _____

Term for re-enrollment:  [ ] Fall  [ ] Spring  [ ] Summer Academic year: _____ / _____

Signature of Student: __________________ Date: __________________

Recommendation of chairperson / coordinator  [ ] Approve  [ ] DeclineComments: __________________

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Academic advisor (To be filled by the chairperson /coordinator): __________________

Chairperson’s name: __________________

Chairperson’s signature: __________________ Date: __________________

Faculty/School Decision  [ ] Approved  [ ] DeclinedComments: __________________

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Name: __________________

Signature: __________________ Date: __________________

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To be filled by the Registrar’s Office only

Received by: __________________ Date: __________________

Implemented by: __________________ Date: __________________

Referred to: __________________ Date: __________________