



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

ID number: _____	E-mail: _____	Mobile: _____
Last name: _____	First name: _____	PO Box No.: _____
Faculty: _____	Major: _____	Class: _____
First term enrolled as grad: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic year: _____ / _____	
Last term enrolled: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic year: _____ / _____	
Term for re-enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic year: _____ / _____	
Signature of Student: _____		Date: _____
Recommendation of chairperson / coordinator <input type="checkbox"/> Approve <input type="checkbox"/> Decline		
Comments: _____		

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

Chairperson's name: _____

Chairperson's signature: _____ Date: _____

Faculty/School Decision Approved Declined

Comments: _____

Name: _____

Signature: _____ Date: _____

To be filled by the Registrar's Office only

Received by: _____	Date: _____
Implemented by: _____	Date: _____
Referred to: _____	Date: _____