



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