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.

Last or Family Name First Name Middle Initial Uof R Student Number Current Mailing Address: City or Town Proone: 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): Fall (Sept. Dec.) 20 20 20 20 20 20 20 2	STUDENT INF	ORMATION	I							
Province Province Province Postal Code	Last or Family Name First Nam				e	Middle Initial		Uof R Student Number		
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Program: Major: Route:	City or Town				Province			Postal Code		
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Previous Program Attended:										
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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:										
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*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:	relevency:									
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