



REQUEST FOR REINSTATEMENT

(Submit to your department or program at least four weeks prior to registering for classes or start of semester.)

PLEASE PRINT

Name: (Last) (First) (Middle) SSN or ID#: _____

Home Address: (Street) (City & State) (Zip Code)

International Student? [] Yes [] No

Present mailing address (if different from above): _____

Until what date? Phone (____) ____ - ____ Date of Birth: ____ / ____ / ____

Current email address: _____

Semester of desired re-enrollment: Fall 20__ Spring 20__ Summer 20__

Check one below:

- [] Application for Re-Enrollment (Please attach a timeline for degree completion.)
[] Reinstatement from Leave of Absence
[] Reinstatement from Medical Leave of Absence (see box below)

Reinstatement from an approved Medical Leave of Absence is granted by the Office of Graduate Studies in consideration with a recommendation from Student Health & Counseling Service. This form will not be considered until a recommendation from Student Health & Counseling Service is received. Have you contacted Student Health & Counseling Service for this recommendation? Yes No ~ Consult Health Services for deadlines concerning clearance from Medical Leave of Absence ~

(Student's Signature) (Date)

Departmental Approval for Reinstatement:

Department Chair Date

Upon departmental approval return this form to the Office of Graduate Studies.

For the Office of Graduate Studies Use Only:

If medical leave of absence, date return recommendation was approved by Health Services: _____

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The Office of Graduate Studies
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