

Graduate Studies - Request for Reinstatement

School of Graduate and Postdoctoral Studies Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@uoit.ca

This form is used for graduate students who are requesting reinstatement into their previous graduate program due to inactive accounts, failure to register or failure to return from an approved leave of absence, resulting in lapsed registration. Dismissed students and students with more than three terms of lapsed registration are not eligible for reinstatement. Any course work completed during the lapsed terms will not be counted toward the program requirements. A reinstatement fee of \$100 applies, if the request is approved. The form must be signed by the supervisor/co-supervisor (if applicable) and graduate program director. The faculty shall send the form to SGPS for final review, approval and processing. The length of time for requests to be processed varies based on the nature of the change and the faculty involved. Approved requests will become active in the next available term.

To be completed by the student:					
Last name	First name	First name Admission term (i.e. Fall 2017)		OntarioTech Student Number Reinstatement term	
Program	Admission term (i.e. Fall 20				
Ontario Techu.net email address	Last term attended		Returning status Part-time Full-time		
Reason for lapsed registration:					
To be completed by supervisor (if applical	ble):				
Supervisor and funding information					
Supervisor		Reinstatement term	End t	erm	
Co-supervisor (if applicable)		TAship	GRA		
Faculty		RAship	Scho	larship	
	Total funding				
*By signing this form, I acknowledge	that a reinstatement fee of \$100 will be applied t	o my account, upon approval of	my request.		
*Student's signature	Dat	re		_	
o be completed by the supervisor/co-supervisor	(if applicable), graduate program director and As	ssociate Dean of Graduate and Po	stdoctoral Studies:		
Supervisor signature (if applicable)	Co-supervisor signature (if applicable)	 Graduate program direc	 tor signature	 Dean of SGPS/designate signature	
Date	Date	Date		Date	
Approved Declined	Approved Declined	Approved Dec	lined	Approved Declined	
FOR SGPS USE ONLY Processed by:	Signature	D	ate		