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)
gradstudies.ontariotechu.ca
gradstudies@ontariotechu.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

_____

OntarioTech Student Number

_____

Program

_____

Admission term (i.e. Fall 2025)

_____

Reinstatement term

_____

OntarioTechu.net email address

_____

Last term attended

_____

Returning status

Part-time   Full-time

Reason for lapsed registration:

_____

To be completed by supervisor (if applicable):

Supervisor and funding information

Supervisor

_____

Co-supervisor (if applicable)

_____

Faculty

_____

Reinstatement term	_____	End term	_____
TAship	_____	GRA	_____
RAship	_____	Scholarship	_____
		Total funding	_____

*By signing this form, I acknowledge that a reinstatement fee of $100 will be applied to my account, upon approval of my request.

*Student's signature _____   Date _____

To be completed by the supervisor/co-supervisor (if applicable), graduate program director and Associate Dean of Graduate and Postdoctoral Studies:

_____   _____   _____   _____
Supervisor signature (if applicable)   Co-supervisor signature (if applicable)   Graduate program director signature   SGPS Dean signature

_____   _____   _____   _____
Date   Date   Date   Date

Approved   Declined   Approved   Declined   Approved   Declined   Approved   Declined

FOR SGPS USE ONLY

Processed by:	Signature	Date