

## APPLICATION FORM

### For graduate student readmission or reinstatement

**Freedom of Information and Protection of Privacy**

The information on this form is collected under the authority of the University Act (RSBC 1996, c. 468) and is needed to update your student record and will be used to document your progress in an academic program.

If you have any questions about the collection, use and disclosure of this information please contact the Director of Graduate Admissions and Records, Office of the Dean of Graduate Studies, 778-782-3042 or by email to gradstudies@sfu.ca.

If you did not complete your graduate program, we will reinstate that former program on the approval of your graduate program chair. If you wish to change to another program, please consult with the appropriate departments. Do not use this form to change to another program.

Information about readmission is contained in Graduate General Regulation 1.12.4:  
<http://students.sfu.ca/calendar/student-info/grad-regulation.html#1.12>

**STUDENT INFORMATION**  Please attach a Current Advising Transcript

First name	Surname
Student number	Email
Phone	First term of SFU registration
Degree (eg. MA, PhD)	Department
Readmission Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Year
I had previously reached the maximum time in my program <input type="checkbox"/> Yes and I am applying for a one-semester readmission to defend. <input type="checkbox"/> No	

**I declare** that statements in this application are, to the best of my knowledge, complete and correct. I understand that I am required to enclose an application fee of \$90. Should the application be accepted, I will be required to pay an additional \$100 reinstatement fee. I understand that tuition for students who have been readmitted is charged at the full (not continuing) rate.

Student signature	Date of signature
-------------------	-------------------

**Fees of \$90 and \$100 will be paid by:**  Enclosed cheques/money orders  VISA  MasterCard

Credit card #	Expiry date
Name on credit card	Cardholder's signature

**APPROVALS**

**Graduate Program Use Only**

This student is [ <input type="checkbox"/> Approved ] [ <input type="checkbox"/> Not approved ] for reinstatement/readmission.		
Comments on recommendation		
Name of Graduate Program Chair	Signature	Date

After departmental approval, send to the Director, Graduate Records, in the Office of the Dean of Graduate Studies, to arrive at least four weeks prior to the beginning of the target semester.

**Senate Graduate Studies Committee Use Only**

The departmental recommendation is: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Approved as amended	
Amendments to departmental recommendation	
Senate Graduate Studies Committee Signature	Date

DEAN OF GRADUATE STUDIES OFFICE ONLY

\_\_\_\_\_  
Date received