

UO ID _____ Last Name _____ First Name _____

Preferred Email _____ Major _____ Mailing Address: _____

Degree Level (check one): Masters Doctoral Certificate
If Master's, which degree? _____ (e.g., MA, MS, MBA, etc.) _____

This form must be filed when a student wishes to return to the same graduate program after a break in enrollment. The petition must be endorsed by your graduate advisor and by the head of your school or department before it can be submitted to the Division of Graduate Studies for review.

Last Term of Enrollment _____ Requested Term of Return _____ Oregon Residency (for tuition purposes)
Term Year Term Year Resident: I have lived in Oregon continuously since _____
Month Year Non-Resident See admissions.uoregon.edu/residency for residency policies

Student Statement: (attach separate page if necessary)
Explain why you were not continuously enrolled, what requirements are left to complete, and the term and year you plan to complete your program.

Student Signature: _____ Date: _____
(Signatures must be hand-drawn or approval sent from UO email address)

Advisor Statement and Recommendation:

Signature: hand-drawn or approval sent from UO email address Printed Name Date

Dean, Department Head, or Director of Graduate Studies Statement and Recommendation:

Signature: hand-drawn or approval sent from UO email address Printed Name Date

Division of Graduate Studies Decision: Approved _____ Denied _____
Return Term Major Code Student Type

Comments:

Vice Provost or Designee: _____
Signature Printed Name Date