UNIVERSITY OF OREGON

Petition for Reinstatement

UO ID _____ **Last Name** _____ **First Name** _____

Preferred Email _____ **Major** _____

Mailing Address:
_____
_____
_____

Degree Level (check one): ◯ Masters ◯ Doctoral ◯ Certificate

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

_____ _____
Term *Year*

Requested Term of Return

_____ _____
Term *Year*

Oregon Residency (for tuition purposes)

◯ 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: _____

Advisor Statement and Recommendation:

_____
Signature *Printed Name* *Date*

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

_____
Signature *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*