



GRADUATE SCHOOL RE-ACTIVATION FORM

PLEASE READ CAREFULLY

This form is to be used only by previously-enrolled MU graduate students who wish to return to the same degree program.

- Previously enrolled graduate students wishing to re-enroll in the same degree and program should complete this form and send it to the academic program for review and approval.

The following students should complete the regular online Graduate School Application for Admission and pay the standard application fee (with the exception of those who are continuously enrolled in the Master of Accountancy or Master of Occupational Therapy programs).

- New domestic and international applicants
- Former MU Online and MU Direct students looking to work toward a degree on campus
- Current and former Mizzou undergraduate students (with the exception of the Master of Accountancy and Master of Occupational Therapy programs)
- Returning MU graduate students (degree and non degree seeking) applying for a new degree program who have not been enrolled for one semester or more

Note that enrolled Post-Baccalaureate Students applying to a graduate program who have applied online to the Graduate School within the previous three semesters may contact the Graduate School Admissions Office in writing to request/authorize their online application to be made available to their academic program of interest.

Some information requested is required by Title VI of the Civil Rights Act of 1964, Title IX of the Higher Education Amendments of 1972 and section 504 of the Rehabilitation Act of 1973 and is for the purpose of reporting to Federal Compliance Agencies concerning the equal education opportunity, in order to keep the records required by the Federal Government, and to assure that there will not be discrimination on the basis of race, color, religion, handicap, national origin or sex.

Graduate School
University of Missouri-Columbia
210 Jesse Hall
Columbia, MO 65211-1160
573-882-6311
Fax: 573-884-5454
<http://gradschool.missouri.edu>



GRADUATE SCHOOL RE-ACTIVATION FORM

This form is to be used only by previously-enrolled MU graduate students who wish to return to the **same** degree program. Please submit this form, completed, with any other materials required by your program to the Director of Graduate Studies of your degree program.

1. Name: _____ Student number: _____
(Last) (First) (Middle) (Maiden or former name)

2. Date of birth: _____ 3. Social Security Number: _____
(Month/Day/Year) (Optional)

4. Local mailing address: _____ Telephone: _____
(Street, City, State, Zip)

5. Permanent mailing address: _____ Telephone: _____
(If different) (Street, City, State, Zip)

6. Email address: _____

7a. Are you a citizen of the US?
 Yes No--If no: What country? _____

7b. Are you considered a Permanent Resident by immigration documentation? YES (attach a copy of PR card) NO (attach a copy of current visa)

8. Are you a Missouri resident? Yes No (Residency information is available from Residency Office, 230 Jesse Hall)

Questions 9 and 10 are optional. The Graduate School is required by the U.S. government to solicit certain demographic information to meet federal reporting requirements. This information will not be utilized in a discriminatory manner; it will not be used in determining re-activation or admission. It is not required that you complete this section, but it must be completed for you to be considered for some of our scholarship programs.

9. Gender: Male Female

10a. What is your ethnicity? Hispanic or Latino Non-Hispanic or Non-Latino

10.b. What is your race? Please check one or more that apply: American Indian or Native Alaskan Black or African American
 Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian) Asian (Other) White/Caucasian
 Hawaiian/Pacific Islander

12. Term of desired re-activation (check only one) Fall Spring Summer Year _____

13. Admissions category desired: Degree-Seeking Graduate Certificate Post-baccalaureate

14. Academic PROGRAM to which you plan to return: _____ EMPHASIS AREA: _____

DEGREE: Grad Certificate: _____ Master of _____

EdSp _____ Doctor of: _____

NOTE: If you have studied at another college/university since last enrolling at MU, you should discuss with your program any additional credits that may be eligible for transfer to your MU degree program.

Legal Signature: I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to the University of Missouri-Columbia taking one or more of the following upon discovery, at any time, of any such omission or misstatement of mine in this application (1) Voiding of my admission to the University; (2) Voiding of my registration with the University; (3) Voiding of credit(s) for course work completed at the University; and (4) Distribution of information relating to such omissions and/ or misstatements to other academic institutions, governmental agencies, and other third parties. I authorize the University of Missouri-Columbia to maintain all my records under this name.

Student Signature _____ **Date:** _____

TO BE COMPLETED BY ACADEMIC PROGRAM ONLY

Accept student for re-activation—Include specific program, emphasis area, and degree if student did not accurately list above.

Advisor: First Name: _____ Last Name: _____

Are classes online or through MU Direct? YES NO

Deny re-activation request.

Signature of Director of Graduate Studies _____ Date: _____

Decision of Academic Program

Academic Programs: Submit original to Graduate Admissions, 210 Jesse Hall. Retain copy for departmental records.