

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:(Last)	(First)	(Middle)	(Former name)	Student number:	
2. Date of birth: _	(Month	-/Nau/Vear)			
2. Date of birth:					
	en of the U.S.? No				
				d:	
 5. Are you considered a Permanent Resident by immigration documentation?					
7. Term of desired re-activation (check only one)					
8. Admissions cat	itegory desired:	☐Degree-Seeking	Graduate Certific	cate Posi	t-Baccalaureate
	•				
DEGKE					
Questions 11-13 are of information will not be	nrolling in primarily onling optional. The Office of Grad	ne courses/distance cou duate Studies is required by t nanner; it will not be used in d	urses? Yes the U.S. government to solicit cer	No	eet federal reporting requirements. This mplete this section, but it must be completed
11. Gender:	□Male		□Female		
,	ethnicity? Hispar	_	□Non-Hispanic or		
13. 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					
			nce last enrolling at MU, fer to your MU academic	you should discuss with y program.	your program
University of Missouri– the University; (2) Void	 Columbia taking one or mor- ding of my registration with th 	re of the following upon discov he University; (3) Voiding of c	overy, at any time, of any such om credit(s) for course work complete	nission or misstatement of mine in t ed at the University; and (4) Distribu	statements in my application. I consent to the his application (1) Voiding of my admission to ution of information relating to such omissions umbia to maintain all my records under
Student Sign	nature			[Date:
ecision of	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.				
Academic	Advisor: First I	Name:		Last Name:	
Program	☐ Deny re-activation	n request.			
	Signature of Dir	ector of Graduate	Studies		Date:



INSTRUCTIONS: GRADUATE STUDIES RE-ACTIVATION FORM

For assistance with this form, please call the Graduate Studies at 882-6311.

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.
- Previously enrolled post-baccalaureate students wishing to re-enroll.

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 Mizzou Online 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.

Graduate Studies

University of Missouri-Columbia 210 Jesse Hall Columbia, MO 65211-1160 573-882-6311 Fax: 573-884-5454

http://gradschool.missouri.edu