



# GRADUATE RESTART PROGRAM APPLICATION

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. Student Information

Name \_\_\_\_\_  
Last First Middle Former Name

Date of Birth \_\_\_\_\_ Student Number \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address

\_\_\_\_\_ Email \_\_\_\_\_  
City State Zip Code

Are you a citizen of the United States?  Yes  No

If no, are you considered a Permanent Resident by immigration documentation?  Yes (attach a copy of PR card)  No

If no, enter a type of your current visa or visa you'd like to request. Current Visa Type \_\_\_\_\_ Type of Visa Requested \_\_\_\_\_  
(attach a copy of current visa)

Are you a Missouri resident?  Yes  No  
(Residency information is available from Residency Office, 130 Jesse Hall)

## 2. Academic Program Information

Term of desired re-activation (check only one)  Fall  Spring  Summer Year \_\_\_\_\_

Academic Program to which you plan to return \_\_\_\_\_

Emphasis Area \_\_\_\_\_

Degree  Doctor of \_\_\_\_\_  EdSp \_\_\_\_\_

Master of \_\_\_\_\_  Grad Certificate \_\_\_\_\_

Degree Delivery  On Campus  Online/Distance \_\_\_\_\_  
50% or more of the program was completed on the MU campus 50% or more of the program was completed online or at a distance

## 3. Supplemental Materials

Attach a document addressing the following:

- Explain what factors resulted in the previous graduate academic record and how those obstacles will be overcome if allowed to return.
- Discuss how earning a graduate degree will help meet long-term career goals.
- Submit a detailed first year academic plan developed by both you and your academic advisor demonstrating how you will successfully complete the degree program if you were admitted through the Graduate Restart Program.

## 4. Student Signature

**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

**1. Endorsement Letter:** The Department Chair or Director of Graduate Studies must submit a letter of support strongly advocating for this student's petition to the Graduate Restart Program.

#### 2. Decision of Academic Program

Accept Advisor Name \_\_\_\_\_ Co-Advisor Name \_\_\_\_\_  
 Deny (If applicable)

Name of Director of Graduate Studies \_\_\_\_\_

Signature of Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

Academic Programs: Submit this form along with an endorsement letter to Graduate Admissions via email at [gradadmin@missouri.edu](mailto:gradadmin@missouri.edu). Retain copy for departmental records.