



GRADUATE SCHOOL REACTIVATION 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) (Former name)
2. Date of birth: _____
 (Month/Day/Year)
3. Address: _____ Telephone: _____
 (Street)
- _____ E-mail: _____
 (City, State, Zip)
4. Are you a citizen of the U.S.? No Yes If no, which country _____
 If non-citizen: Current Visa Type: _____ Type of Visa requested: _____
5. Are you considered a Permanent Resident by immigration documentation? Yes (attach a copy of PR card) No (attach a copy of current visa)
6. Are you a Missouri resident? Yes No (Residency information is available from Residency Office, 130 Jesse Hall)
7. Term of desired re-activation (check only one) Fall Spring Summer Year _____
8. Admissions category desired: Degree-Seeking Graduate Certificate Post-Baccalaureate
9. Academic PROGRAM to which you plan to return: _____ EMPHASIS AREA: _____
 DEGREE: Grad Certificate: _____ Master of _____
 EdSp _____ Doctor of: _____
10. Will you be enrolling in primarily online courses/distance courses? Yes No

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 academic 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: _____

Deny re-activation request.

Signature of Director of Graduate Studies _____ Date: _____

Decision of Academic Program

Academic Programs: Send approved form as attachment to Graduate Admissions at gradadmin@missouri.edu.



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

- New domestic and international applicants
- Current and former Mizzou undergraduate students
- 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 the academic program may require you to complete a full, new online application for admission. The use of this form is at the discretion of the academic program.

Graduate School Admissions

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