

GRADUATE RE-ENROLLMENT APPLICATION

To be completed by Graduate students who have missed two or more consecutive semesters at Mason.

G# or SSN:						
Name:		First		Parente de la constante de la		
	Last	First	M.I.	Previo	ous Name	
Address:	 Street	City		State	Zip Code	
	Phone Number			E-mail Address		
Admitted to F	Program: Spring	Summer	Fall			
Term of Re-e	nrollment: Spring	Year Summer_ Year	Year Fall_ Year	Year Year		
Last Semeste	r Enrolled at Mason:		real	real		
Degree Code	(I.e. MA, MS, PHD, Certificate etc.	Academio	c Program:			
required If you as I am aware a Time ab There a Courses		your application will be and a specific points. The set of the se	reviewed by the Adlimit which is based in the Graduate aredits that I must be ency requirement.	dmissions office d on initial admission. Academic Policies section take after full admission t		
• This req	uest will undergo further r	eview by the Registrar's	s Office and will no	ot be processed until that	review is complete.	
	e students with two grades	•		·	bject to dismissal.	
•	hat all information given or niversity Honor Code if I an			true. I will read and acce	pt responsibility for the Georg	
Fee	entaw Abitew					
Student's Sign	ature	Date	Admissions App	proval (if required)	Date	
Chairperson o	r Graduate Coordinator's Si	gnature Date	_			
	Office of the University Re	egistrar, Student Union I	I, Room 2101, Pho	ne (703) 993-2441, Fax (70	03) 993-4668	
Office Use	Only: Grades	Degree Complia	ncePDEG	i Initials	Date 8/18	