WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152 TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

REQUEST FOR REINSTATEMENT

FIRST NAME							
LAST NAME							
STUDENT ID # (SEVEN DIGITS)			NETID		PHONE —	PHONE —	
EMAIL							
St	udents who hav	ve failed			inuous registration for the program.	more than 1 year	
SEMESTER AND YEAR OF LAPSED ENROLLMENT					NAME OF PROGRAM		
I am requesting enrollment in the course(s) listed below (course enrollment is required). I have no restricting holds on my record.							
CLASS NUMBER	SUBJECT AREA	CATALOG NUMBER		UNITS (CREDITS)	CONSENT SIGNATURE INSTRUCTOR (REQUIRED)	CONSENT SIGNATURE DEPARTMENT HEAD (REQUIRED)	
STUDENT'S SIGNATURE					DATE		
MAJOR ADVISOR'S NAME					A IOR ADVISOR'S SIGNATURE	DATE	

REINSTATEMENT FEE

The Graduate School regulations require registration in each semester by all graduate degree program students. Students at the Storrs campus, at the Avery Point regional campus, the MBA programs in Hartford, Stamford and Waterbury, or at the Health Center in Farmington who fail to complete initial course registration by the end of the tenth day of classes of any semester will be dropped from active status and will be required to pay a reinstatement fee of \$65.00. The reinstatement fee is added to a student's bill along with any registration fee that has accrued. Students who do not register for longer than a year will be required to reapply for admission. A letter from the major advisor is required to count previous course work towards the new enrollment.

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