

## GRADUATE RE-ENROLLMENT APPLICATION

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

G# or SSN:							
Name:		st M.I.					
Last		First		VI.I.	Previous Name		
Address: Street		City			State	Zip C	 Code
Phone Number					E-mail Address		
Admitted to Program:	Spring	_ Summer	Year	Fall_	Year		
Term of Re-enrollment:	Spring	Summer	Year	Fall	Year		
Last Semester Enrolled at Mas	on:						
Degree Code:(I.e. MA, MS, PHD, Ce	rtificate etc.)	Academic	: Program:_				
required by law.  If you answered yes to question and understand the Time absent from the Un Detailed information. There are catalog requires Courses taken in Non-Degonal Courses taken in No	ne following: iversity does not chan tion about time limits ments regarding the I gree status do not fulf all previous institutio	ge my time l can be found number of cr ill the reside ns must be in	imit which i d in the Gra redits that I ncy require n my perma	s based duate A <b>must ta</b> ment. <b>nent re</b>	on initial admission. cademic Policies section ake after full admission	to degree status.	
REQUIRED - How many grades Graduate students with to	of "C" or "F" have yo	u earned in N	Mason Grad	luate st	udy?	•	
I certify that all information     Mason University Honor C	n given on this applica	ation is comp	olete, corre			-	
Student's Signature		Date	Admissic	ons Appı	roval (if required)		Date
	inator's Signature	Date	_				
Office of the Un	iversity Registrar, Stu	dent Union I,	, Room 210	1, Phon	<b>e</b> (703) 993-2441, <b>Fax</b> (7	'03) 993-4668	
Office Use Only: G	rades Degr	ee Complia	nce	_PDEG	Initials	Date	8/18