



APPLICATION FOR RE-ENROLLMENT IN GRADUATE PROGRAM

The Application for Re-enrollment is required of former graduate students who wish to return to a degree program in which they were previously enrolled.

Re-enrollment Policy

Departments are not obligated to approve re-enrollment of students. Re-enrollment decisions may be based on the applicant's academic status when last enrolled, activities while away from campus, length of absence, the perceived potential for successful completion of the program, the ability of the student to support the program of study, as well as any other relevant factors or considerations.

Application Deadline

A completed application must be received by the Office of the Registrar, 90 days prior to the start of the academic session in which re-enrollment is requested. After this date, the application will be processed for the subsequent academic session. Departments may require earlier deadlines. Please check with your department. Students whose master's program or doctoral candidacy has expired must have extensions of their programs or candidacy approved by their departments before re-enrollment may be approved.

Application Requirements

Submit the following with this application to the Office of the Registrar for review:

- **Statement of Purpose:** Describe activities since leaving AUST as well as reasons for requesting re-enrollment.
- **Transcripts:** Work from any educational institution attended since last enrollment at AUST.
- **Supplementary credentials (if applicable):** Departments may require supplementary credentials in addition to the application. Check with your department.



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Student Name: _____ Student I.D.: _____

Address: _____

Current Email Address: _____ Phone: _____

Program in which you were enrolled at AUST: _____

Academic Year for which you now wish to apply: _____

What degree requirements are not yet completed? _____

Anticipated year of degree conferral: _____

Do you have financial aid for your program? (Submit verification of awards already received)

Yes

No

Student Signature: _____ Date: _____

Note: If granted, re-enrollment is permitted only for the academic year indicated above. If the applicant does not register for that term, a new application must be submitted.

OFFICE USE ONLY

Head of Department:

I support this student's application for re-enrollment

I do not support this student's application for re-enrollment

Please outline reason for refusal:

Head of Department Signature: _____ **Date:** _____
