



Washington University in St. Louis

THE GRADUATE SCHOOL

REQUEST FOR REINSTATEMENT

(Submit to your department or program at least four weeks prior to registering for classes or start of semester.)

PLEASE PRINT

Name: _____ SSN or ID#: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City & State) (Zip Code)

International Student? Yes No

Present mailing address (if different from above): _____

Until what date? _____ Phone (____) _____ - _____ Date of Birth: ____ / ____ / ____

Current email address: _____

Semester of desired re-enrollment: Fall 20____ Spring 20____ Summer 20____

Check one below:

- Application for **Re-Enrollment** (Please attach a timeline for degree completion.)
- Reinstatement from **Leave of Absence**
- Reinstatement from **Medical Leave of Absence** (see box below)

Reinstatement from an approved Medical Leave of Absence is granted by the Dean's office in consideration with a recommendation from Student Health & Counseling Service.

This form will not be considered until a recommendation from Student Health & Counseling Service is received.

Have you contacted Student Health & Counseling Service for this recommendation? Yes____ No____

~ Consult Health Services for deadlines concerning clearance from Medical Leave of Absence ~

(Student's Signature) (Date)

Departmental Approval for Reinstatement:

Department Chair Date

Upon departmental approval return this form to the Graduate School.

For Graduate School Use Only:

If medical leave of absence, date return recommendation was approved by Health Services: _____

**The Graduate School, Washington University in St. Louis,
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