



THE UNIVERSITY OF VERMONT
GRADUATE COLLEGE

Reactivation Form

Student Name:

95# or NetID:

Email address:

Date:

Graduate program:

Degree:

I request reactivation in the Graduate College beginning _____ (semester/year).

I was admitted to the Graduate College in _____ (semester/year).

I last enrolled in _____ (semester/year).

Below, or on a separate attachment, please find a summary of the reasons for the interruption in my studies as well as a detailed timeline/plan for completion of my degree requirements:

I have met with my graduate program coordinator and advisor and they agree to approve my reactivation provided I follow this detailed timeline/plan for degree completion.

Approvals:

Advisor:

Date:

Program Coordinator/Director:

Date:

I understand that if my reactivation is approved by the Graduate College, I am required to enroll in graduate coursework for the semester indicated above. Failure to do so will put my student status back to inactive and will require submission of a new Reactivation Form if I want to return in a future term.

I also acknowledge that I will be responsible for paying a \$40.00 reactivation fee that will be charged to my student account.

Approval:

Graduate College Dean:

Date:

Return to: gradcoll@uvm.edu or Graduate College, 330 Waterman Building, University of Vermont,
Burlington, VT 05405