



THE UNIVERSITY OF VERMONT
GRADUATE COLLEGE

Reactivation Form

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

I was admitted to the Graduate College for the _____ degree in the _____ program beginning in _____ (semester/year).

I last enrolled in _____ (semester/year). Please find below, or under separate attachment, the reasons for the interruption in my studies as well as a detailed timeline for completion of my degree requirements which has been reviewed and approved by my Advisor and Department Program Coordinator.

I understand that if my reactivation is approved, I will enroll for graduate course work for the semester indicated above. I also acknowledge that I will be responsible for paying a \$40.00 reactivation fee that will be charged to my student account.

Student Name (Please Print)

Student ID or date of birth

Email address

Date

APPROVALS:

Advisor: _____ Date _____

Dept. Program Coordinator: _____ Date _____

Graduate College Dean: _____ Date _____

Return to: Graduate College, 330 Waterman Building, University of Vermont, Burlington, VT 05405