Print Form

FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

REINSTATEMENT DECISION FORM

Student ID Number:

Student Name:

Reinstatement Decision:

Reinstate: ☐ Reject: ☐

Rejection Information:

Reason for Rejection:

Reinstatement Information:

Full-time: ☐ Part-time: ☐

Re-entry term:

Credit granted for work previously completed:

Full: ◯

Partial: ◯ **(please specify)**

Course requirements required for completion of degree:

Please specify and list:

Time to Completion:
If the time to completion that the student has remaining on their student record (to complete degree requirements, see Office Use section of Reinstatement Application Form) is insufficient, please specify the total number of terms you recommend be granted to the student to complete degree requirements:

Number of terms: _____

Funding:
Please specify if any graduate funding is requested (Graduate Fellowship, International Fellowship, Bursary) or committed by the program (Research Fellowship is committed by a faculty member, please include the faculty members' signature and account number:

_____

_____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Faculty of Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Approvals:

Graduate Program Director: **Date:** _____

Faculty Dean(s) **Date:** _____

Faculty of Graduate Studies: **Date:** _____

Dean of Graduate Studies (if required) **Date:** _____

FOR OFFICE USE ONLY:

REGISTRATION ☐ **TIME TO COMPLETION** ☐ **GRSEG CODE** ☐ **FINANCE** ☐ **FUNDING** ☐ **ITS/LIB/IRC/UNIX/GSA/UHIP** ☐

COPY TO: STUDENT ☐ **DEPARTMENT** ☐ **FILE** ☐

MEd Degree Route: Course Based ☐

Research Based ☐

Thesis ☐