Print Form

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

APPLICATION FOR RE-INSTATEMENT

A non-refundable cheque or money order for $100.00 Canadian must accompany this application.

Complete all sections. TYPE or PRINT

BROCK STUDENT ID NUMBER:	GRADUATE PROGRAM FORMERLY REGISTERED IN	CLASSIFICATION REQUESTED: ◯ FULL TIME ◯ PART TIME
Legal Last Name/Family Name		
Former Last Name *(if applicable)*		
All Legal Given or First Names in Full		
Current Address (include apartment number)	City and Province/State	
Country	Postal or Zip Code (Canada & US only)	
Date of Birth	Home Telephone Number: _____ Cellphone Number: _____	
Home Fax Number: _____ Business Fax Number: _____	Business Telephone Number: _____ Extension: _____	
Email Address(s) _____		

◯ Canadian Citizen (includes First Nation) ◯ Permanent Resident (proof required) ◯ Other (proof required)

◯ Applying for Study Permit (proof required) ◯ Refugee (proof required)

An applicant's status in Canada must be verified through the submittance of appropriate documentation.

Country of Citizenship	If not born in Canada, date of arrival in Canada (YY/MM)	First Language

Requested re-entry semester: ☐ Fall 20_____ ☐ Winter 20_____ ☐ Spring 20_____

Describe the stage at which you left your program and indicate what requirements are remaining: *(attach additional page if required)*

List any academic work completed subsequent to your last registration in this program (official transcripts required):

Have you secured a graduate supervisor and developed a plan for completion of degree requirements (if applicable)? Please attach any relevant correspondence or plan of completion information.

Declaration	I certify that all statements on this application and the material filed in support are correct and complete, including my declaration of citizenship and status in Canada, and all material information has been disclosed. I understand that I may have to provide documentation in the future to substantiate my claim and that any misrepresentation of this information may result in my association with, admission to, or registration in the university being rescinded and cancelled. I acknowledge that Brock University has the right to verify any and all information included as part of this application and to cancel any program due to lack of enrolment.

Applicant's signature	**Date**

This Application must be signed and dated

OFFICE USE:

Re-instatement Fee Received: ☐ **Time to Completion:** **Amount utilized:** _____

BEARS Print-outs Provided: ☐ **Amount available:** _____

Hard Copy File Provided: ☐ Yes ☐ No

Date sent to Graduate Program: _____