

## Request for Reinstatement of Lapsed Doctoral Matriculation

Office of Graduate Studies • 82 Washington Square East, 2<sup>nd</sup> Floor, NY, NY 10003-6680 • Fax (212) 995-4835 • (212) 998-5044

### Student Information

<input type="radio"/> Ms <input type="radio"/> Mr			<b>N</b>
	First Name	Last Name	ID Number
Street Address		City	State    Zip
Daytime Telephone			
Department	Program	Date of Matriculation	Evening Telephone
Degree Objective		Last Date of Attendance	Email Address

**Instructions:** Complete the information in the box above, and submit this form to the Office of Graduate Studies, 82 Washington Square East, 2nd Floor. All requests for reinstatement of matriculation require the signature of your dissertation committee chair or program advisor. Upon approval of your request for reinstatement, you will be required to register retroactively for E10.3400 Doctoral Advisement (1 point) for any and all semesters when you were not registered for at least 3 points of coursework.

Please briefly describe the reason(s) for the lapse in your doctoral matriculation as well as your plans for making satisfactory academic progress toward the completion of your degree (use the reverse side of this form if necessary):


**Dissertation Committee Chair or Program Advisor:** By my signature below, I endorse the above-named student's request for reinstatement of matriculation.

Signature of Dissertation Committee Chair or Program Advisor	Print Name	Department	Date

