GRADUATE RE-ACTIVATION REQUEST FORM

STUDENTS PREVIOUSLY ACCEPTED INTO A GRADUATE PROGRAM:

Original date of admission for graduate study:
Fall Spring Summer Year ____________

Did you begin taking classes:
Yes No If yes, date of last attendance: Fall Spring Summer Year ____________

STUDENTS WHO PREVIOUSLY APPLIED TO A GRADUATE PROGRAM BUT WERE WITHDRAWN OR NOT ACCEPTED:

Original date of application:
Fall Spring Summer Year ____________

RE-ACTIVATION REQUEST FOR:
Fall Spring Summer (available for selected programs) Year ____________

Full-time Part-time

PROGRAM SOUGHT:
New Program Prior program (no change in degree or major)

Degree ____________________________ Major ____________________________

Specialization (if applicable) ____________________________

NAME: __________________________________________

(Last) (First) (Middle)

FORMER NAME/OTHER NAMES: ____________________________

CSSU ID#: ____________________________ SS#: (optional) ____________________________

ADDRESS: __________________________________________

CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

COUNTRY: ____________________________ EMAIL: ____________________________

PHONE: (home) ____________________________ (cell) ____________________________ (work) ____________________________

Are you a citizen of the United States? Yes No If no, what is your country of Citizenship? ____________________________

Are you a legal resident of Connecticut? Yes No If yes, indicate years in Connecticut ____________________________

If non-citizen check appropriate box: F1 or F2 student visa Eligible non-citizen Other visa ____________________________

Permanent resident, list alien registration number ____________________________

Are you a U.S. Veteran? Yes No ____________________________

Have you taken courses at other institutions since your initial application to CCSU? Yes No If yes, please list institutions. An official transcript must be sent to the Graduate Recruitment and Admissions Office from each college attended. Consult the Graduate Catalog for Transfer Credit Policies.

Institution Name Location (City/State) Dates Attended Degree Awarded ____________________________

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______________________________

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Student Signature ____________________________ Date ____________________________

INSTRUCTIONS:
Please complete this form to Re-activate a Graduate Admissions file that has been inactive or withdrawn for two (2) or fewer years and you now wish to return to finish your original or another graduate program.

NO ADDITIONAL APPLICATION FEE IS REQUIRED

RETURN TO:
Graduate Recruitment and Admissions Office
Central CT State University
Henry Barnard Hall RM 102
1615 Stanley Street
New Britain, CT 06051-4010

FOR OFFICE USE ONLY:

Information Requested: ____________________________

______________________________

______________________________

______________________________

______________________________

CPA ____________________________

Degree ____________________________

Program ____________________________

Specialization ____________________________

Action/Date ____________________________

Your signature verifies the correctness and accuracy of the information you have provided on this form. Misleading information may result in non-admission or dismissal for the program.