



Request to Reactivate a Withdrawn or Inactive (non-matriculated, 2 years or less) Graduate File
Central Connecticut State University, 1615 Stanley Street, New Britain CT 06050-4010



Student Name And Address	_____	_____	_____
	First	M.I.	Last

	Home or Apt. No. and Street		
	_____	_____	_____
	City	State	Zip

For Office Use Only

Type of Student: Re-entry Graduate

Program: []ED.D.[]MA []MS []MAT []MBA
 []Cert []Sixth Year []Post-Master's []OCP

Major: _____

Advisor: _____

Social Security No.: _____ Other names on collegiate records: _____

Telephone Nos.: (H) _____ (W) _____ Are you a U.S. citizen? [] Yes [] No

If you are not a citizen, please specify your country of citizenship _____ and whether you are the holder of: [] **a. a visa**, and the type of visa _____ **or** [] **b. permanent resident status**, with alien number _____

Are you a U.S. Veteran? [] Yes [] No During the full period of time when you were not enrolled as a matriculated student did you live and work in Connecticut? [] Yes [] No If not, please indicate the location(s) and years of duration (from-to) of your employment or activity _____

Have you taken courses at other institutions since your enrollment at Central Connecticut? [] Yes [] No
 (If you have taken courses elsewhere, please complete the section below and provide an official transcript to the Graduate School so that we may update your university file and notify your academic advisor. **Please consult the Graduate School catalog or Graduate Office for transfer credit policies.**)

Institution Name	Location (City/State)	Dates Attended (From-To)	Degree Awarded (Y/N) and Type

Program Sought: [] prior program, no change in major or degree [] new program, with this degree _____

and major _____. **Reactivation requested for** [] fall / [] spring of _____ (year)

as a full-time [] / part-time [] student. **Original date of admission for graduate study at Central Connecticut State University**

was [] fall / [] spring of _____ (year). **Date of last attendance was** [] fall / [] spring of _____ (year).

Student Signature _____ **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 from the program.

To the Student:
 Please complete and return this form unseparated if you have previously been admitted to the Graduate School, taken courses, your record has been withdrawn (inactive, non-matriculated) for less than two years, and you now wish to return to finish your original major and program or another major at the same program level. If you completed your previous program at a prior time or wish to begin another new program, you may need to complete the full Application for Graduate Admission.