

# FACULTY OF HEALTH SCIENCES

## Reactivation/Readmission Form for Graduates

Students who withdrew voluntarily from the Program for not more than four regular semesters extending between the end of the semester or session of withdrawal and the beginning of the semester for which reenrollment is sought shall be automatically re-enrolled provided they were not on probation when they withdrew from the program. Signature of the Registration Advisor shall be sought.

Students who were on probation when they withdrew from the university need the approval of the Graduate Studies Committee for reactivation of their enrollment status.

Students who withdrew voluntarily from the Program for more than four regular semesters extending between the end of the semester or session of withdrawal and the beginning of the semester for which reenrollment is sought, shall seek the approval of the Graduate Studies Committee for readmission.

The readmission request must be submitted to the Registrar's Office at least one month prior to the beginning of the semester to which readmission is sought.

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Please attach: 1- Your Transcript and relevant documents

2- Statement explaining reasons for interruption of your studies and how did you spend the period while away from AUB.

Name \_\_\_\_\_ ID \_\_\_\_\_ email \_\_\_\_\_

Major \_\_\_\_\_ Box number \_\_\_\_\_ Phone # \_\_\_\_\_

First Term Enroll enrolled in current program(for residency purposes): \_\_\_\_\_

Last Term Enrolled:     Fall     Spring     Summer    Academic Year: \_\_\_\_\_

Term for Re-enrollment:  Fall     Spring     Summer    Academic Year: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student: \_\_\_\_\_

**A. This section should be filled by students who withdrew from the program for not more than four regular semesters; if they were not on probation when they withdrew.**

<u>1. GPHP Administrative Coordinator Comments:</u>		
Date: _____	Name: _____	Signature: _____

<u>2. Decision of Registration Advisor:</u> Approved                      Declined		
Comment:		
Date: _____	Name: _____	Signature: _____

**B. This section should be filled by students who withdrew from the program for more than four regular semesters; and students who were on probation when they withdrew from the program.**

<u>Decision of GSC:</u> Approved                      Declined		
Comment:		
Date: _____	Name: _____	Signature: _____