

SCHOOL of MEDICINE REGISTRAR Office of Student Affairs PO Box 800739 434-924-5200

## **Request for Reinstatement**

A student who voluntarily withdraws from the BIMS Graduate Program or otherwise ceases to enroll for a period of one semester up to two years must petition for reinstatement in advance of the next registration period. Reinstatement is only required for those students that are seeking to return to full-time enrollment. A student who has been absent for longer than two years must reapply through the standard process to his or her program of study.

Student				
Student Name:Last, First, Middle Initial (Print)			SIS ID (7 digits):	
			Frankl ID.	
Degree Program:			Email ID:	
Are you a U.S. active military or veteran?	Yes	No	Reinstatement Term _	Year
During your absence from the University, we crime, excluding minor traffic violations which if yes, please attach an explanation to this aper BIMS policy, student must enroll continulapse:	ch did not ir oplication p	nvolve bodily in roviding a com	njury to others? No oplete and truthful account of t	Yes he circumstances.
Student Signature			Date	
Director of Graduate Studies				
This student is in good academic standi	ng with our	departmental	degree requirements.	
 Statement from the DGS on why the studen			0 1	
Director of Graduate Studies (Print)			Signature	Date
SOM OFFICIAL USE ONLY				
Semester Admitted:	Last enrollment semester/		ster/year	Number of terms absent:
Years toward degree (excluding leave)	New expected semester/year			
SIS reviewed for holds	INOW	INOW Reviewed Date Cleared by ODOS		
CAPS or Medical Clearance Review	This s	student is in go	ood academic standing with the	School of Medicine
Notes:				
Doon Comments:				
Dean Comments:				
Signature of Associate or A	ssistant Dea	an (RIMS)	 Dat	