

Instructions for Graduate Readmission or Reactivation

This form should be used by Raymond A. Mason School of Business graduate students who wish to be readmitted or reactivated after taking a leave of absence from the business school.

Readmission: Students who have not been enrolled for 3 or more consecutive semesters (including summer) must reapply for admission into their respective graduate program.

Reactivation: Students who do not maintain continuous enrollment (not enrolled for 2 or less consecutive semesters, including summer) should contact their respective graduate program office for information and approval to return.

You must be in good academic standing in order to be readmitted or reactivated.

If you received a medical withdrawal when you last attended the business school, you will need to obtain clearance. Contact the Office of the Dean of Students for details.

If you have enrolled as a degree-seeking student at another college/university since last attending the MSOB, you must contact your program's admissions office.

If you claim Virginia domiciliary status for in-state tuition privileges, you must submit the Domicile Application to the University Registrar's Office before classes begin regardless of your former tuition status or the length of time you were away from the Mason School of Business.

International students on F1 or J1 visas who have been readmitted must contact the Reves Center for a new I-20 or DS-2019 before they can re-enter the U.S.

If you have questions, please contact your program office.



APPLICATION FOR GRADUATE READMISSION OR REACTIVATION

This form should be used by Raymond A. Mason School of Business graduate students who would like to return to active student status.

INSTRUCTIONS:

1. Complete Section A of the form and return the form to your program office.

SECTION A: (Completed by the Student)

Please indicate which of the following you are seeking:

Readmission (student not enrolled for 3 or more consecutive semesters, including summer)

	Semester to be reactivated: 20		□Spring □Summer □Fal			
Name:			Date	of Birth:		
Last Name	First Name	Middle Initial				
W&M Email:		Personal Email:				
Mailing Address:	Street					
	City	State	Ziţ	ocode		
Please indicate if the above	e is a change of address si	nce you last registered:	Yes 🗌	No 🗌		
Home Phone:()	Business Ph	one:()	Cell Pl	10ne:()_		
I last attend the college du	e the Domicile Applicatio ring the Spring Sum urses during that semester e college during that seme	nmer 🗌 Fall 🗌 of 20 r, but did not return for	the followir	-		
	e conege during that sem					

Applicant/Student Signature _____ Date _____ **SECTION B: Program Approval** Program Administrator Signature: ______Date: _____Date: _____Date: _____Date: _____Date: ______Date: _______Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: _