GRADUATE RESTART PROGRAM APPLICATION

This form is to be used only by previously enrolled MU graduate students who wish to return to the **same** degree program. Please submit this form, completed, with any other materials required by your program to the director of graduate studies of your degree program.

1. Student Information

Name _____ (Last) _____ (First) _____ (Middle) _____ (Former Name)

Date of Birth _____ (Month/Day/Year) Student Number _____

Address _____ (Street Address) Phone _____

_____ (City) _____ (State) _____ (Zip Code) Email _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you considered a Permanent Resident by immigration documentation? ☐ Yes *(attach a copy of PR card)* ☐ No

If no, enter a type of your current visa or visa you'd like to request. Current Visa Type _____ *(attach a copy of current visa)* Type of Visa Requested _____

Are you a Missouri resident? ☐ Yes ☐ No

(Residency information is available from Residency Office, 130 Jesse Hall)

2. Academic Program Information

Term of desired re-activation (check only one) ☐ Fall ☐ Spring ☐ Summer Year _____

Academic Program to which you plan to return _____

Emphasis Area _____

Degree ☐ Doctor of _____ ☐ EdSp _____

☐ Master of _____ ☐ Grad Certificate _____

Degree Delivery ☐ On Campus *50% or more of the program was completed on the MU campus* ☐ Online/Distance *50% or more of the program was completed online or at a distance*

3. Supplemental Materials

Attach a document addressing the following:

- Explain what factors resulted in the previous graduate academic record and how those obstacles will be overcome if allowed to return.
- Discuss how earning a graduate degree will help meet long-term career goals.
- Submit a detailed first year academic plan developed by both you and your academic advisor demonstrating how you will successfully complete the degree program if you were admitted through the Graduate Restart Program.

4. Student Signature

Legal Signature: I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to the University of Missouri–Columbia taking one or more of the following upon discovery, at any time, of any such omission or misstatement of mine in this application (1) Voiding of my admission to the University; (2) Voiding of my registration with the University; (3) Voiding of credit(s) for course work completed at the University; and (4) Distribution of information relating to such omissions and/ or misstatements to other academic institutions, governmental agencies, and other third parties. **I authorize the University of Missouri-Columbia to maintain all my records under this name.**

Student Signature _____ Date _____

TO BE COMPLETED BY ACADEMIC PROGRAM ONLY

1. Endorsement Letter: The Department Chair or Director of Graduate Studies must submit a letter of support strongly advocating for this student's petition to the Graduate Restart Program.

2. Decision of Academic Program

☐ Accept ☐ Deny

Advisor Name _____ Co-Advisor Name _____ *(If applicable)*

Name of Director of Graduate Studies _____

Signature of Director of Graduate Studies _____ Date _____

Academic Programs: Submit this form along with an endorsement letter to Graduate Admissions via email at gradadmin@missouri.edu. Retain copy for departmental records.