

**Permission to Re-Register in the Graduate School**  
 University of Oregon Graduate School  
 (541) 346-5129 125 Chapman Hall



**Instructions:**

1. Fill-in on-screen, then print and sign the student section.
2. Take the form to your major department for review and recommendation signature.
3. Forward the form to the Graduate School, 125 Chapman Hall.

**Student Section**

Student Number: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

<p style="text-align: center;"><b>Term and Year of Return</b></p> <p><input type="checkbox"/> Fall _____    <input type="checkbox"/> Spring _____</p> <p><input type="checkbox"/> Winter _____    <input type="checkbox"/> Summer _____</p>	<p style="text-align: center;"><b>Term and Year of Last Enrollment</b></p> <p><input type="checkbox"/> Spring _____    <input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Winter _____    <input type="checkbox"/> Summer _____</p>
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List all previous or pending UO graduate degrees: \_\_\_\_\_  
Degree/Date

Other name(s) used previously: \_\_\_\_\_

Major in which you were last enrolled: \_\_\_\_\_

Major in which you wish to re-enroll: \_\_\_\_\_

Check the box below to indicate your immediate objective:

<u>Non-Degree Programs</u>	<u>Degree Programs</u>
<input type="checkbox"/> Pre-Master's <input type="checkbox"/> Post-Doctorate	<input type="checkbox"/> Master's
<input type="checkbox"/> Post-Master's <input type="checkbox"/> Post-Baccalaureate Graduate	<input type="checkbox"/> Doctorate

I understand my re-registration is effective only for the term indicated.  
 If I do not attend this term, I must file another re-registration form for the next term.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation by School or Department**  
 It is recommended that the student re-enroll/continue in the following student type:

<input type="checkbox"/> (X) Conditional Master	<input type="checkbox"/> (M) Master (full status)
<input type="checkbox"/> (Y) Conditional Doctoral	<input type="checkbox"/> (D) Doctoral (full status)
<input type="checkbox"/> (V) Pre- Master	<input type="checkbox"/> (W) Post- Master
<input type="checkbox"/> (P) GR-Post Baccalaureate	<input type="checkbox"/> (Z) Post-Doctoral

**Permission Denied**

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Department	Major Code (Use Banner Table)
_____ Signature of School or Department	_____ Date

**Action by the Graduate School**

Recommendation:

Approved. Activate for registration.

Denied

Update Student Type/Class/Major

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Dean/Associate Dean of Graduate School	Date
_____ Date	_____ Date