

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



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, 170 Susan Campbell 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;">Term and Year of Return</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;">Term and Year of Last Enrollment</p> <p><input type="checkbox"/> Spring _____ <input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Winter _____ <input type="checkbox"/> Summer _____</p> |
|--|---|

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

| | |
|-----------------------------------|----------------------------------|
| 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

| | |
|--|------|
| Dean/Associate Dean of Graduate School | Date |
|--|------|