



## Request for Reinstatement/Re-admit

**Reinstatement: Required for matriculated graduate students who have not taken a course for one or more semesters**

**Readmit: Required for non-matriculated graduate students who have not taken a course for one or more semesters**

*NOTE: Students enrolling in non-credit workshops do not need to complete this form.*

Return completed form to:

Bridgewater State University

College of Graduate Studies

Maxwell Library, Room 019

Bridgewater, Massachusetts 02325

Tel: 508.531.1300

Fax: 508.531.6162

E-mail: [GraduateStudies@bridgew.edu](mailto:GraduateStudies@bridgew.edu)

Student's Name: \_\_\_\_\_ BSU Banner ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Student Day Phone#: \_\_\_\_\_

**NOTE: BSU students with an address or phone number change must submit a separate Change of Address Form to the Registrar's Office.**

Name under which previously attended (if different than above): \_\_\_\_\_

**FOR MATRICULATED STUDENTS:**

Program: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

Semester and Year Requesting to Re-enroll: \_\_\_\_\_

Expected Program Completion Date: \_\_\_\_\_

**FOR NON-MATRICULATED STUDENTS:**

For Professional Development Only:  Semester and Year Requesting to Re-enroll: \_\_\_\_\_

Name of Graduate Degree or Certificate Program you are planning to apply for: \_\_\_\_\_

I certify that all the above answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from Bridgewater State University.

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

*For Internal Use by College of Graduate Studies:*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date of reinstatement in Banner: \_\_\_\_\_ By: \_\_\_\_\_