EMERSON
COLLEGE
Graduate Studies

REQUEST TO RE-REGISTER FROM LEAVE OF ABSENCE

NOTE: Student must submit this form at least one month prior to intended date of re-enrollment.

Name _____ _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( ) _____

_____ Work ( ) _____

Date Last Enrolled _____

Intended Date of Re-Enrollment _____

Number of Graduate Credits Passed _____

Number of Credits Remaining in Program _____

_____ _____
Student's Signature **Date**

GRADUATE STUDIES _____ ***Approved*** _____ ***Denied***

Comments: _____

_____

_____ _____
Director of Graduate Studies **Date**

White – Registrar Yellow – Graduate Studies Green - Graduate Financial Aid

Pink – Graduate Program Director Gold - Student