



**Re-entry/Return from Leave of Absence Request Form | The Graduate School**

If a student who was previously enrolled in a graduate degree program at NIU wishes to resume study in the same degree program within three (3) semesters of the term for which they were originally admitted, they must submit this form to the Graduate School and secure approval from the program to re-enter. A degree-seeking student who does not register for coursework within three (3) semesters must submit a new application for admission. A previously enrolled degree-seeking student who wishes to change programs must submit a new application for admission.

**Term/year for which you are applying to re-enter:** ☐ Fall ☐ Spring ☐ Summer ☐ Year

**Student name:** \_\_\_\_\_ **Campus ID:** \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Former last name (if any):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current mailing address:**

\_\_\_\_\_  
Street City County/Province State ZIP

**Status when last enrolled:** ☐ Student-at-large ☐ Degree-seeking

List the institutions of higher learning that you have attended since you last enrolled at NIU:

\_\_\_\_\_  
\_\_\_\_\_  
**Have you applied any credits earned to a degree awarded by another institution?** ☐ Yes ☐ No

**Will you apply any credits earned to a degree you will pursue at NIU?** ☐ Yes ☐ No

**- Non-U.S. citizens only -**

**Country of citizenship:** \_\_\_\_\_ **Type of visa:** \_\_\_\_\_ **Alien registration number:** \_\_\_\_\_

I understand that withholding information required on this form or providing false information may make me ineligible for enrollment at the university or subject to dismissal. I certify that the statements I have made on this form are correct and complete.

**APPROVALS**

\_\_\_\_\_  
**Student Signature** **Date**

The program faculty is willing to re-admit the above-named student. In consultation with the student, a plan has been established to ensure that the student makes progress toward degree.

\_\_\_\_\_  
**Department Chair/Program Director Signature** **Date**

\_\_\_\_\_  
**Department Chair/Program Director Printed Name**