

**SAINT LOUIS UNIVERSITY**  
**GRADUATE EDUCATION**  
One North Grand Blvd  
DuBourg Hall, Room 150  
St. Louis, Missouri 63103  
314-977-2500  
[gradadmission@slu.edu](mailto:gradadmission@slu.edu)

**PETITION FOR RE-ADMISSION TO A GRADUATE PROGRAM**

This form is to be used when a graduate student, who had previously been admitted to and enrolled in the University, is advised by the department or program that they must reapply due to significant gaps in time since their last active involvement in the program. This form substitutes for the College-Net application, which is for new applicants. After reviewing this petition, a program or a department may decide, at its discretion, that a student must formally apply again through College-Net as if they were a new applicant. In addition, if extensive time has elapsed since the last active enrollment the graduate student may be required to retake coursework or degree examinations to demonstrate currency in the major field. These requirements would be indicated in the stipulations listed by the program. The application fee for this re-admission petition is \$20.

To apply for re-admission, mail (NO FAX) the completed form and the \$20.00 application fee to the address above. This application will then be forwarded to the department or program for their review. A department or program may require additional stipulations before making a decision as to whether the petition for re-admission is accepted.

Name: \_\_\_\_\_

Name, if different on previous application: \_\_\_\_\_

Banner ID number: \_\_\_\_\_

Is applying for re-admission to:

Program: \_\_\_\_\_

Department: \_\_\_\_\_

Detailed explanation by student as to the reasons for making reapplication at this time:

**To be completed by the student:**

- First semester student initially enrolled (date): \_\_\_\_\_
- Student's last participation in program (date): \_\_\_\_\_
- Any approved leave(s) of absence obtained (date): \_\_\_\_\_
- Any approved time to degree extension(s) obtained: \_\_\_\_\_
- When time to degree last expired (if applicable): \_\_\_\_\_
- Enrollment at another institution (not previously reported): \_\_\_\_\_

**To be completed by Departments or Programs:**

- Coursework completed (# of credit hours): \_\_\_\_\_
- Written and/or oral exams completed (date): \_\_\_\_\_
- Advanced to candidacy (date): \_\_\_\_\_

**Requirements or Conditions for Re-Admission from Program or Associate Dean:**

_____ Student Signature	_____ Student Name - Print	_____ Date
_____ Department Chair Signature	_____ Department Chair - Print	_____ Date
_____ Associate Dean Signature	_____ Associate Dean - Print	_____ Date
_____ Associate Provost Signature	_____ Associate Provost - Print	_____ Date

**Resolution:**

- Records located and updated
- Time to degree adjusted (if necessary). New TTD Date: \_\_\_\_\_
- New petition for TTD extension filed (if necessary). Date expires: \_\_\_\_\_
- Registrar notified
- Application fee paid \_\_\_\_\_ (method of payment)

Once all signatures are obtained and conditions set - copies sent to the following on \_\_\_\_\_ (date):

- Student
- Department Chair
- Associate Dean
- Registrar
- File