



APPLICATION FOR RE-INSTATEMENT

- Please print, complete and submit this form with your \$105 payment to Brock Central. (See page 3.)
- **Please do not send your payment directly to the Faculty of Graduate Studies.**
- You will be notified by email when the reinstatement request has been processed.
- Form must be submitted **4 weeks prior** to the beginning of the term for which reinstatement is being requested.
- Application fee is non-refundable.
- Please note that reinstatement is not guaranteed.

Complete all sections.

BROCK STUDENT ID NUMBER:		GRADUATE PROGRAM FORMERLY REGISTERED IN:		STATUS REQUESTED:	
				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
Legal Last Name/Family Name					
All Legal Given or First Names in Full					
Date of Birth			If not born in Canada, date of arrival in Canada (YY/MM)		
<input type="checkbox"/> Canadian Citizen (includes First Nation) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Applying for Study Permit <input type="checkbox"/> Other			Home Telephone Number: _____ Cellphone Number: _____ Business Telephone Number: _____ <div style="text-align: right;">Extension: _____</div>		
Country of Citizenship: _____					
Current Address (include apartment number)			City and Province/State		
Country			Postal or Zip Code (Canada & US only)		
Email Address/s:					

Requested re-entry semester:

Fall 20_____

Winter 20_____

Spring 20_____

Describe the stage at which you left your program and indicate what requirements are remaining: (*Attach additional page if required.*)

List any academic work completed subsequent to your last registration in this program (official transcripts required):

Have you secured a graduate supervisor and developed a plan for completion of degree requirements (if applicable)? Please attach any relevant correspondence or plan of completion information.

Declaration

I certify that all statements on this application and the material filed in support are correct and complete, including my declaration of citizenship and status in Canada, and all material information has been disclosed. I understand that I may have to provide documentation in the future to substantiate my claim and that any misrepresentation of this information may result in my association with, admission to, or registration in the university being rescinded and cancelled. I acknowledge that Brock University has the right to verify any and all information included as part of this application and to cancel any program due to lack of enrolment.

Applicant's signature

Date

This Application must be signed and dated.

FINANCE DEPARTMENT: ACCOUNT # 118-168-002

FINANCE OFFICE INITIALS: _____

DATE: _____

PAYMENT OPTIONS

IN-PERSON

- Brock Central (3rd floor of Schmon Tower)
- Methods: Cash, Debit, Credit, Cheque

Note - there is a drop box outside of the Brock Central office if you just want to drop off your form and payment (cheque or credit only).

REMOTE PAYMENT METHODS:

- **Fax** the request form including credit card information to Brock Central at 905-988-5488
- **Email** (central@brocku.ca) or **fax** (905-988-5488) the request form and then call Brock Central at 905-688-5550 x3052 to process credit card over the phone
- **Mail** the request form to Brock Central (not Graduate Studies) including a cheque made payable to Brock University

Brock University
Brock Central
1812 Sir Isaac Brock Way
St. Catharines Ontario L2S 3A1