

APPLICATION FOR REINSTATEMENT TO PROGRAM

This form is for students who withdrew in good standing from a program at UNBC and are seeking to return. Please contact grad-office@unbc.ca to discuss your options prior to completing this form. Please note: reinstatement can only start at the beginning of a semester (Fall/September, Winter/January or Spring/May) and **must be requested at least 6** weeks prior to the start of the semester.

STUDENT INFORMATION		
First Name:	Surname:	Student ID #
Email:	Phone #:	
Street Address:	City:	Province/State:
Country:	Postal/Z	ip Code:
PROGRAM INFORMATION		
Original Date of Admission:	Degree and F	Program:
Prior Supervisor(s) Name(s) (if appli	icable):	
Requested Reinstatement date (sem	nester/year):	
Have you attended another post-sec withdrawing?	condary institution since	☐ No ☐ Yes – official transcript required
Attach a letter stating your ration your degree (including estimate		r program and outline your plans to complete
Attach proof of supervisor(s) succurse-based programs withou	• •	r letter). This is not required for students in
Consent for Information Disclosure	and Declaration of Applicant	
I am required to pay any outstanIt is my responsibility to review a		pe eligible for reinstatement.
result in time extension fees if I e Calendar).	extend past the time limit for my	ne away and any further time approved will degree program (see 4.2 in the Academic stated to the status I was at time of withdrawal.
If I have completed coursework	elsewhere, I must provide an offi	cial transcript. If transfer credit is being of study form (include form with this application).
Signature:		Date: