## **Petition for Graduate Student Reactivation**



- Complete this form and return it to the Registrar's Office at the mailing address at the bottom of this form.
- If you have a financial or other hold on your record, your petition cannot be reviewed until all outstanding obligations are satisfied and met.
- Reactivation does not automatically indicate eligibility for Financial Aid. Contact the Financial Aid Office (607-753-4718) for assistance.
- You will be notified by the Registrar's Office once your form has been processed. If approved, you will be granted a time ticket for registration.

Required Student Information	on			
Student Name:			Cortland ID:	
Address:			Telephone:	
City:	State:	Zip:	Email:	
☐ Check here if you would like u	us to use the address and ph	one above to update	your permanent address on our	official records.
You are required to check b	elow if:			
☐ you have been convicted of a☐ you have changed NY residen	· ·	· ·		y reasons, or have charges pending
Required Program Informati	on			
Your Program and Degree: Examp	le: MA, English			
Reactivation Term: ☐ Fall ☐ S	Spring 🗆 Summer 🗀 Winte	er Year:	Dates attended:	to
Signature				
			ng to the instructions, and that an ation submitted is true to the be	
Student Signature:			Da	ate:
Office Use Only				
Notes:				
Registrar, Processed By:			Da	ate:
Graduate Coordinator Signature	(If Required):		Da	ate:
Associate Dean Signature (If Req	uired):		Da	ate: