

REINSTATEMENT REQUEST FORM

Application Fee: \$100

STUDENT INFORMATION	
Name	<p>This form is to be used by former McMaster student who at their last academic review had a result of session of either “may not continue at the university” or “required to withdraw”</p> <p>Former McMaster students who were in good standing when they last attended and who have attended a university since their last attendance must complete an application for admission to an Ontario university (105D) for full-time studies available at www.ouac.on.ca/105</p> <p>All other applicants must complete one of the following:</p> <ul style="list-style-type: none"> ▪ McMaster University Part-Time Degree Application for Part-Time Studies (future.mcmaster.ca/admission/process/105pt) ▪ McMaster University Returning Student Application Form for McMaster graduates or potential graduates who wish to pursue a second undergraduate degree at McMaster or for former McMaster students who voluntarily withdrew from the university more than 5 years ago.
Student Number	
Address (Street, City, Province, Postal Code)	
Email Address	
Telephone Number	

PROGRAM INFORMATION					
Program	Plan	Level	Degree	Full or Part Time	Expected Enrolment Date

****Refer to Mosaic for Program/Plan****

Please provide the following information if, since leaving McMaster, you have been registered at a College of Applied Arts and Technology or a Community College and not received a diploma. (Official documentation must be sent to McMaster University.)

From	To	Name and Location of College	Level	Program of Study

By signing below, I certify that all of the above statements are correct and complete and that any misrepresentation of these data may result in the cancellation of my admission and/or registration status.

Student's Signature	Date
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REQUIRED DOCUMENTATION

Applicants **MUST** submit the following information along with their applications:

- A summary of the relevant circumstances surrounding their academic situation during the last session attended.
- Reasons for requesting reinstatement at this time.
- Reasons for selection of the program indicated.
- Activities since last registered at the university, including all academic work, with a transcript of grades received.
- Students applying for reinstatement should submit, wherever applicable, documentation attesting to extenuating circumstances which led to their ineligibility to continue studies. Letters of reference may be submitted but are not required.
- Students may improve their chances of being reinstated to a future session by taking courses elsewhere. Upon successful completion of coursework, faculties may reinstate students and assess coursework for transfer credit

ADDITIONAL INFORMATION

Faculty of Business	Medical Radiation Sciences & Kinesiology
Students applying for reinstatement to Business I, in addition to completing this form and providing the information outlined above, must also explain in writing: 1) the date when they initially notified the Academic Programs Office or their Dean's Office of their 'extenuating circumstances'; 2) with whom they discussed their situation and what advice they received; 3) what actions they took to minimize the adverse impact of the extenuating circumstances on their academic performance; and 4) whether or not the situation has been resolved.	These programs will not consider students for reinstatement until a minimum of 24 units of work in a non-Medical Radiation Sciences and non-Kinesiology program have been completed. At that time a student must use an <i>Application for Admission to Level II</i> form.

SUBMISSION DEADLINES

Fall/Winter Session	September Entry – June 30
Spring/Summer Session	May Entry – April 1; June entry – May 15
Nursing	February 15

Please note, the Faculty of Science does not consider requests for reinstatement for the Spring/Summer session.

METHOD OF PAYMENT

1) Credit Card Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Name as it appears on credit card:	
	Credit Card Number:	
	Expiry Date:	
	Cardholder's Signature:	
	Date:	
2) Debit (IN PERSON ONLY)	<i>For Office of the Registrar Use Only</i>	
	Amount:	
	Receipt Number:	
	Receipt Date:	
	Processed By:	

FIPPA Notice

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected under section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall, Room 209, and McMaster University.