Application for Reactivation into Graduate Program

Instructions

This application should be completed by Graduate students who wish to be reactivated in their program.

Forward completed application to:

Saint Mary's University
Faculty of Graduate Studies and Research
fgsr@smu.ca

Please Note: The default status for students reactivating into their program is part time. Students wishing to have full time status must complete the application for full time continuation status and submit it with this application. The form can be found at the following link: https://www.smu.ca/fgsr/fgsr-current-forms.html

Documents submitted to Saint Mary's University in support of the application for admission will become the property of Saint Mary's University and cannot be returned. Please allow 3-4 weeks for processing (or longer during peak times) before calling to enquire about the status of your application.

Reactivation: former Saint Mary's University Graduate students who satisfy all of the following:

- Returning to the same academic program from an approved leave of absence.

- Did not attend Saint Mary's University for the preceding academic year.

- Students must have approval from the appropriate Saint Mary's University graduate program coordinator.

- Not be beyond the maximum time for completion of their Graduate Program.

- Your student account must be in good standing.

Application Deadlines
- **August 1 for September; December 1 for January; April 1 for May**

Applications received after these deadlines will be considered on an individual basis. If an application cannot be processed due to time constraints, it will be considered for the next available session.

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> **Saint Mary's University**
> **Faculty of Graduate Studies and Research**
> **fgsr@smu.ca**

Application for Reactivation into Gradute Program

Student: Fill out sections 1 to 4

1. Provide information about yourself

Saint Mary's student identification #: (if known)   A

First Name   Last Name   Previous Last Name (if applicable)

Email   Phone #

Mailing Address

Date of Birth (D/M/Y)   Country of Birth

Citizenship ☐ Canadian ☐ Permanent Resident ☐ Student Visa   Date of Entry (D/M/Y)

2. Provide information about your application

Requested Reactivation Date ☐ September   ☐ January   ☐ May

year   year   year

Expected Graduation Date ☐ Fall   ☐ Winter   ☐ Spring

year   year   year

Status ☐ Part Time   **Students wishing to have full time status must complete the application for full time continuation status and submit it with this application: https://www.smu.ca/fgsr/fgsr-current-forms.html**

3. Details regarding your Reactivation

By completing this application, you are intending to reactivate in your graduate program at Saint Mary's University after failing to register in at least one semester, or you are returning from an approved Leave of Absence.

Program   Date Program Started

Credits Earned   Date of last registration at Saint Mary's University (D/M/Y)

4. Sign the following declaration

I hereby certify that all of the information provided in this application is complete and correct, and I authorize Saint Mary's University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal. All submitted documents become the property of Saint Mary's University and will not be returned. Your application must be complete to be processed and a decision made. Regulations relating to all academic matters and student conduct on campus are made by the Board of Governors and the Senate of the University. In making this application, the student agrees to abide by all regulations, from time to time promulgated by the University. Attendance refers to both full-time and part-time and even applies in cases of withdrawal before completion of an academic year or program.

Signature   **Date**

5. Graduate Program Coordinator/Director: Fill out section 5

I approve the student's request.

Name   **Signature**   **Date**

FGSR USE ONLY

☐ Processed Date: ☐ Copy to Registrar Date: ☐ Banner Date:

February 2026