



Graduate School of Arts and Sciences  
School of Engineering

## *Petition for Reinstatement and/or Extension of Time to Complete Degree Requirements*

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### **Mandatory to complete: Section 1 – Personal Information, Section 4 – Signatures**

Petition for (Check more than one if applicable, e.g. applying for reinstatement and extension of time):

- Reinstatement following Personal Withdrawal – Complete Section 2
- Reinstatement following Administrative Withdrawal – Complete Section 2
- Extension of Time – Complete Section 3

### **SECTION 1 – PERSONAL INFORMATION**

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Check if change of address Email \_\_\_\_\_

Degree Program (Master's or Ph.D.) \_\_\_\_\_

Department \_\_\_\_\_

Academic Advisor \_\_\_\_\_

### **SECTION 2 – REINSTATEMENT**

Date of withdrawal: \_\_\_\_\_ Date reinstatement requested to begin: \_\_\_\_\_

Type of withdrawal:

- Personal Withdrawal - Reinstatement following personal withdrawal may be approved by the dean.
- Administrative Withdrawal:

Reinstatement following administrative withdrawal requires a letter from the department graduate director and/or chair and/or academic advisor, supporting reinstatement, signed by the above. Please attach to this form. If student is applying for reinstatement in addition to extension of time, the comments described in section 3c may be combined into the letter supporting reinstatement. Reinstatement following administrative withdrawal will be reviewed by the GSAS Executive Committee or the School of Engineering departmental graduate committee and Associate Dean of graduate education.

### SECTION 3 – EXTENSION OF TIME

a) Have you previously requested an extension of time?  Yes  No

If yes, please indicate dates of previous extension:

From \_\_\_\_\_ to \_\_\_\_\_

Extension requested for:  6 months  One year

b) Please complete the following as succinctly as possible.

1. If applicable, indicate the date when each of the following requirements have been or will be completed
  - a. Coursework \_\_\_\_\_
  - b. Preliminary exam; preliminary review \_\_\_\_\_
  - c. Qualifying exams or papers; qualifying review \_\_\_\_\_
  - d. Language exam(s) \_\_\_\_\_
  - e. Dissertation/thesis prospectus or proposal meeting \_\_\_\_\_
2. Is your dissertation/thesis research completed?  Yes  No  
If not completed, describe your progress and timeline for completion of research. (For additional space, please attach another page.)
3. Describe the current progress on your dissertation/thesis proposal and/or written document, and the timeline for completion. Please be specific as to chapter titles and brief content. (For additional space, please attach another page.)
4. How much of your dissertation/thesis has been reviewed by your adviser?
5. Give the date that the final draft of your dissertation/thesis was or will be submitted to your committee: \_\_\_\_\_
6. Give date for defense of your dissertation/thesis: \_\_\_\_\_

c) For Academic Advisor to complete:

The academic advisor must recommend the extension of time in order for it to be considered for approval by the GSAS Executive Committee or the School of Engineering Curriculum Committee. Endorsement indicates that the student is a) making sufficient progress toward degree completion; and b) if granted an extension for the requested amount of time, student is likely to complete all degree requirements within that period.

I endorse this extension of time       I do not endorse this extension of time

Please attach the following:

- Comments on practicality of student's proposed time table for completion of remaining requirements
- Comments on the quality and current status of the remaining requirements, including topics selected for projects, preliminary and qualifying review materials, dissertation/thesis proposal, and dissertation/thesis writing.

If student is applying for reinstatement in addition to extension of time, the above comments may be combined into the letter supporting reinstatement.

#### **SECTION 4 – SIGNATURES**

I understand that reinstatement is contingent upon payment of the \$350 reinstatement fee by the date reinstatement is requested to begin.

Signature of Student: \_\_\_\_\_

Graduate Director's  
recommendation and signature: \_\_\_\_\_

Department Chair's  
recommendation and signature: \_\_\_\_\_

Academic Advisor's  
recommendation and signature: \_\_\_\_\_

Submit form to:

Office of the Dean, Graduate School of Arts & Sciences, Ballou Hall 1<sup>st</sup> Floor, Medford MA 02155 *or*

Office of the Dean, School of Engineering, 105 Anderson Hall, 200 College Ave., Medford, MA 02155

#### **FOR GRADUATE SCHOOL USE ONLY:**

Request approved

Request not approved