

GRADUATE SCHOOL OF ARTS AND SCIENCES

Office of Admissions  
107 Low Memorial Library

**APPLICATION FOR RETURN TO MA STUDY**

This application is only for students who have previously enrolled in a Graduate School of Arts and Sciences M.A. program and did *not* register or hold an official Leave of Absence in the preceding semester and did *not* exceed the time limit of their degree completion while away from study. A decision to permit to register is based on answers to the below questions, departmental recommendation to the dean, and the dean's final decision. This application must be submitted at least six weeks prior to the beginning of the registration period for the term in which you plan to resume study.

Mr/Ms: \_\_\_\_\_ CUID:C00 \_\_\_\_\_  
*Last First Middle*

Please print any variation(s) of the name which you have used on official Columbia records.

Current Address: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Department/Program: \_\_\_\_\_ Email: \_\_\_\_\_

First term GSAS registration (e.g. Fall 2005): \_\_\_\_\_

Last term of GSAS registration (e.g. Spring 2006): \_\_\_\_\_

On a separate sheet of paper, please answer all the following questions:

1. Why and when did you stop registering in GSAS?
2. Have you previously applied to return to M.A. study? If so, when? Did you register at that time?
3. What have you done since you last registered in GSAS? Please describe all professional/academic activities since your last registration in GSAS. Have you attended any other academic institution since you last registered in GSAS? If so, note this and have an official transcript and at least one letter of recommendation attesting to the quality of work sent to the Admissions Office of GSAS.
4. What work have you done towards your degree or related to your degree subject since you were last registered in GSAS?

I CERTIFY THE INFORMATION ON THIS APPLICATION TO BE COMPLETE AND ACCURATE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please be sure to submit with this page the second page of this application and the sheet with answers to the above questions. Submit the completed application to the GSAS Office of Admissions at 107 Low Memorial Library (212-854-4737).*

DEPARTMENTAL AND DEAN'S OFFICE APPROVAL PAGE

Recommendations of Chair of Department/Director of Graduate Studies:

Approve student's application

Proposed time limit for completion of M.A. degree requirements: \_\_\_\_\_

Please comment on your decision to approve this student's application. Specifically address the student's ability to return to graduate study. At what stage of the degree completion is the student? What is the possibility of the student successfully completing the degree upon return? (attach additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deny student's application

Please comment on your decision to deny this student's application. (attach additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Chair/DGS (Printed): \_\_\_\_\_

Signature of Chair/DGS: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Office Decision (109A Low Memorial Library):

Approve student's application

Deny student's application

Final time limit to complete degree: \_\_\_\_\_

Please comment on your decision regarding this student's application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_