



MASTER *of* EDUCATION

Request for Readmission*

*All requests for readmission must be submitted to the School of Education graduate advisor and approved by the School of Education Graduate Admission and Retention Committee prior to registration.

Name: _____ Date: _____

Student ID: _____ e-mail: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

I _____ ask to be readmitted into the

Utah Valley University, School of Education, Master of Education program. My expected date of return is

_____.

I understand that reacceptance onto the Master of Education program is granted by the School of Education Graduate Admission and Retention Committee. I understand that the time spent in a leave of absence will not extend the time to complete the Master's Degree (five years). I understand that I must complete this request for readmission prior to re-entering the program and must be granted re-entry by the School of Education Graduate Admission and Retention Committee.

(student signature) (date)

FOR OFFICE USE ONLY

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