



REQUEST FOR REINSTATEMENT

Section 1 – To be completed by the STUDENT

Last Name:		First Name:		Student Number:	
College of Registration: <input type="checkbox"/> EM <input type="checkbox"/> KN <input type="checkbox"/> RG <input type="checkbox"/> SM <input type="checkbox"/> TR <input type="checkbox"/> WY				Program:	
U of T Email:			Last Session of Registration:		Year of Study at last Registration:
This is a request for (please check one): <input type="checkbox"/> a TERMINAL REINSTATEMENT (only students who were first registered in their program prior to September 2012 are eligible) <input type="checkbox"/> a RE-ADMISSION* following a Withdrawal <input type="checkbox"/> a REINSTATEMENT/RE-ADMISSION* following a failure to register <small>*Students may be required to complete a new application to their program of study.</small>					
Show evidence that remaining degree requirements will be completed upon reinstatement. (Additional sheets may be appended to this form).					
Student's Signature:				Date:	

Section 2 – To be completed by the COLLEGE ADVANCED DEGREE DIRECTOR

A statement detailing the reasons to approve or deny the reinstatement must accompany this request. Additional sheets may be appended to this form.		
Please Indicate:		
Start date of Reinstatement: September / January Year: _____		
Please Indicate Recommendation: Approve / Decline	College AD Director's Signature:	Date:

Section 3 – To be Completed by the GCTS Office

For Reinstatement:

Please Indicate Recommendation: Approved / Declined	GCTS Coordinator Signature:	Date:
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For Terminal Reinstatement, Reinstatement and Re-Admission:

Please Indicate: Approved / Declined	GCTS Director Signature:	Date:
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Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to the government.

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.

Office Use:

College Registrar Student Supervisor College AD Director GCTS Office