

OFFICE OF GRADUATE STUDIES Blow Memorial Hall (Suite 326), 262 Richmond Road 757-221-1966 | dean-gsr@wm.edu

Reactivation Form

A student who was previously on a leave of absence must submit this form when returning from the leave of absence. Do not use this form with regards to application or admissions deferrals or withdrawals.

Student Name:	A. Griffin	Banner ID#:_	93999999	
Dept/Program:	Ph.D. History	Semester and Year o	of Return:Fall 2	2026
Degree: M.A.	□ M.S. □ M.P.P. □	M.A./Ph.D. □	M.S./Ph.D. □	Ph.D. 🖾
I request to be reactivated to my program for the term listed above. I am aware that my time-to-degree clock was stopped at the beginning of my leave and will resume from my last semester of attendance.				
Student Signatur	е		Date	
Program Review and Approval:				
Student's Faculty	Advisor Signature		Date	
Director of Gradu	uate Studies Signature		Date	
Vice Dean for Research and Graduate Studies			Date	1
Revised Time-to-Degree Deadline				
Graduate Regi	strar			