



APPLICATION TO RETURN TO THE PROGRAM

Please submit this form to the MEP Program Manager

Student Number:

Last Name:

First Name:

Phone number:

Ryerson Email:

Academic Standing:

Returning from:	Leave of Absence		Withdrawal	
Last term in which you were registered in a course (as shown on RAMSS):	Fall	Winter	Spring/Summer	Year
Requested Term of Return:	Fall	Winter	Spring/Summer	Year

Notes / Additional Comments:

Student Signature: _____

Date: _____

Program Notes:

Approved

Not Approved

Printed Name: _____ Title: _____

Signature: _____ Date: _____