JOHNS HOPKINS
KRIEGER SCHOOL
of ARTS & SCIENCES

Application to Return to Resident Status

Hopkins ID #:_____ Department: _____

Name: _____
(Please Print) Last First Middle

Phone number:_____ E-mail address: _____

I am seeking the following degree: Master's ☐ Doctoral ☐

Are you an international student? Yes ☐ No ☐ / Visa Status: F-1 ☐ J-1 ☐

The following is a brief statement of the progress made toward my degree during the current academic year:

I estimate completion of all my remaining degree requirements by: _____
(month and year)

☐ I wish to resume registration as a **Resident Student** in the **Fall⊙/Spring◯20_____ semester** and continue working on my degree.
(Click the applicable semester)

☐ I have discontinued working on my degree and wish to withdraw from the graduate program.

Graduate student's signature: _____ Date:_____

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Endorsement of Department Chair:

Department Chair Name: _____

Department:_____

☐ The department requests approval for this student to resume **resident status** in the **Fall ◉ /Spring ○ 20_____ semester.**

(Click the applicable semester)

☐ The department requests that the student be **withdrawn** from the graduate program effective ____/____/____ *(mm/dd/yy)*

_____ _____
Department Chair's Signature Date

Chairperson, please forward to OIS if appropriate:

_____ _____
OIS Signature Date

_____ _____
KSAS Vice Dean for Graduate Education Date

Please upload form and supporting materials the 'AA_To Grad Affairs for processing -> Status Changes' subfolder in OneDrive