STOCKTON UNIVERSITY | GRADUATE STUDIES

STOCKTON UNIVERSITY ● 101 VERA KING FARRIS DRIVE ● GALLOWAY, NJ 08205-9441 ● www.stockton.edu/grad

Maintenance of Matriculation Request Form

Graduate students who have been admitted to a graduate program as a matriculated student must either be continuously registered for credit each semester (excluding summer terms) until they complete degree requirements or they must apply for and receive Maintenance of Matriculation status and pay the requisite fee in lieu of tuition. Maintenance of Matriculation allows the matriculated graduate student to "stop out" a semester or more without losing access to University facilities, advising services and communication with faculty. A student whose Maintenance of Matriculation status has been approved is defined as a *current* student. **To facilitate this, a student will be enrolled by the Office of Graduate Studies in a non-credit course (Note 5000) for the term and will receive a grade of "X".** This form must be submitted no later than the end of the drop/add period for the term in which the Maintenance of Matriculation is being requested. This form must either be e-mailed to gradschool@stockton.edu, dropped off at the Graduate Studies Suite in F-101 or faxed to 609-626-6050.

NAME: _____ STUDENT ID Z#_____
LAST NAME FIRST NAME MI

MAILING ADDRESS: _____ ADDRESS LINE 2:_____

CITY: _____ STATE: _____ ZIP: _____ IS THIS A NEW ADDRESS?

EMAIL-ADDRESS: _____ ____ Yes ____ No

HOME PHONE: _____ DAYTIME PHONE: _____

TERM EFFECTIVE: _____ FALL _____ SPRING _____ SUMMER YEAR: _____

EXPECTED TERM AND YEAR OF RETURN: _____ FALL____ SPRING _____ SUMMER YEAR: _____

Please write in your academic program on the line below:

It is my responsibility to drop any course from my current schedule to be in "good standing" with the University. If I do not return before this form expires (or any subsequent, approved Maintenance of Matriculation form), I must reapply through the Graduate Studies Office if I wish to return to Stockton University as a matriculated student. I hereby apply for Maintenance of Matriculation from Stockton University subject to all policies and procedures pertaining to such a request, as outlined in the *University Bulletin*.

_____ _____
Student Signature **Date**

OFFICE USE

Director of Graduate Studies

Approved ☐ Disapprove ☐

Date:
Comments:

Received Date