



**APPLICATION TO RETURN TO THE PROGRAM**

Please submit this form to the MEP Program Manager

Student Number:

Last Name:

First Name:

Phone number:

TMU Email:

Academic Standing:

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

Requested Term of Return:	Fall	Winter	Spring/Summer	Year
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Notes / Additional Comments:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Notes:

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Approved                  Not Approved

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_