

APPLICATION TO RETURN TO THE PROGRAM

Please submit this form to the MEP Student Affairs Team at mepadvising@torontomu.ca

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

Notes / Additional Comments:

Student Signature: _____ Date: _____

Program Notes:

☐ Approved ☐ Not Approved

Printed Name: _____ Title: _____

Signature: _____ Date: _____