



# Request for Fellowship Reinstatement

Submit this form to the Office of Graduate and Professional Studies by email: [ogaps-award-admin@tamu.edu](mailto:ogaps-award-admin@tamu.edu)  
Students returning from an approved leave of absence should submit this form preferably six weeks before the start of the semester in which they wish to return. Students who have decided not to return from a leave of absence should select the appropriate box below, indicating that they intend to withdraw from the University.

Name: \_\_\_\_\_

UIN: \_\_\_\_\_ TAMU Email: \_\_\_\_\_

**Check Fellowship:**

- |  |   |
|--|---|
| <input type="checkbox"/> Dissertation Fellowship       | <input type="checkbox"/> NSF-BTD                              |
| <input type="checkbox"/> Graduate Diversity Fellowship | <input type="checkbox"/> Pathways to the Doctorate Fellowship |
| <input type="checkbox"/> Graduate Merit Fellowship     | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> NSF-GRFP                      |   |

Department/Program: \_\_\_\_\_

**INFORMATION ON LEAVE OF ABSENCE**

**Reason for Leave:**

- |  |   |
|--|---|
| <input type="checkbox"/> Co-op                       | <input type="checkbox"/> Medical Withdrawal             |
| <input type="checkbox"/> Study Abroad                | <input type="checkbox"/> Another Scholarship/Fellowship |
| <input type="checkbox"/> Military leave              | <input type="checkbox"/> Deferred Admission             |
| <input type="checkbox"/> Internship/Student Teaching | <input type="checkbox"/> Other (specify below)          |

**Notes:**

Semester and Year of Proposed Return: \_\_\_\_\_

OR:

- I have decided not to return from my leave of absence; please withdraw me from my program.\***

\*Please note that the decision to withdraw is final. By selecting this option, you are notifying the Office of Graduate and Professional Studies that you are withdrawing from your program and hence you forfeit your funding. Other actions may need to be taken by you, at the department and/or University level, to officially confirm your withdrawal.

**FOR STUDENTS ON MEDICAL LEAVE:** Please submit documentation from your health care provider that confirms that you are capable of returning to graduate study.

**Additional Information/Comments:**

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

**Internal Approval**  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_