

STOCKTON UNIVERSITY • 101 VERA KING FARRIS DRIVE • GALLOWAY, NJ 08205 • www.stockton.edu/general-studies

## **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 (\$50.00) 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 the Registrar 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 and must be signed/approved by the student's Program Chair. This form must either be e-mailed to Sarah. Albertson@stockton.edu, dropped off at the School of General Studies & Graduate Education in J-102 or faxed to 609.626.5543.

| NAME:                                                                                                                                                                                              |                                                                                        |                                     | STUDENT ID Z#                             | <u> </u>                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------|
| LAST NAME                                                                                                                                                                                          | FIRST NAME                                                                             | MI                                  |                                           |                                               |
| MAILING ADDRESS:                                                                                                                                                                                   |                                                                                        | ADI                                 | ORESS LINE 2:                             |                                               |
| CITY:                                                                                                                                                                                              | STATE:                                                                                 | _ ZIP:                              | IS THIS A                                 | A NEW ADDRESS?                                |
| EMAIL ADDRESS:                                                                                                                                                                                     |                                                                                        |                                     |                                           | _Yes No                                       |
| HOME PHONE:                                                                                                                                                                                        | DAYTIME PHONE:                                                                         |                                     | _                                         |                                               |
| TERM EFFECTIVE:                                                                                                                                                                                    | FALL SPRIN                                                                             | G                                   | YEAR:                                     |                                               |
| EXPECTED TERM AND YEA                                                                                                                                                                              | R OF RETURN:                                                                           | FALL                                | _ SPRING                                  | YEAR:                                         |
| Please write in your academic progra                                                                                                                                                               | nm on the line below:                                                                  |                                     |                                           |                                               |
| It is my responsibility to drop any control not return before this form expires (or reapply through the Office of Gradua hereby apply for Maintenance of Mato such a request, as outlined in the U | or any subsequent, approve<br>ate Admissions if I wish to<br>triculation from Stockton | d Maintenance of return to Stocktor | Matriculation form in University as a man | is received), I must<br>triculated student. I |
| Student Signature                                                                                                                                                                                  |                                                                                        | _                                   | Date                                      |                                               |
|                                                                                                                                                                                                    |                                                                                        |                                     |                                           |                                               |
| Program Chair Signature                                                                                                                                                                            |                                                                                        |                                     | Date                                      |                                               |
| Dean. The School of General Studies & Grad                                                                                                                                                         | luate Education                                                                        |                                     | Received Date: /                          | /20                                           |