

**INTENT-TO REGISTER FORM**  
**(For Students Returning from a Leave of Absence)**

**STUDENT:** \_\_\_\_\_ **Degree Program** \_\_\_\_\_  
(Please Print Name)

**I am returning from a leave of absence, and will be registering for the**  
\_\_\_\_\_ **semester** \_\_\_\_\_ **in the following course work:**  
**Fall/Spring/Summer** \_\_\_\_\_ **Year** \_\_\_\_\_

<b>MSCI</b> (Course Number; i.e., 599, 699)	<b>COURSE</b> <b>TITLE</b>	<b>CRN</b> (Course Ref Number)
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*After receipt of this form, the student's record will be reactivated during the appropriate registration window. Check with the Graduate Registrar for exact dates. Please confer with your advisor prior to completing on-line registration.*

**DOMICILE CLASSIFICATION**

\_\_\_ **Virginia Resident**  
**Please return attached domicile form as soon as possible prior to the first day of classes.**  
*Note:* After the first day of classes each semester, decisions on domicile will not be made by the College until just prior to the first day of classes of the next semester)

\_\_\_ **Out-of-State Resident**

\_\_\_ **Out-of-State Resident returning to an assistantship position**

**Date:** \_\_\_\_\_ **Student's Signature:** \_\_\_\_\_

<b><u>MAILING ADDRESS</u></b>			
_____	_____	Home Phone: _____	_____
_____	_____	(Area Code)	Number
_____	_____	Work Phone: _____	_____
City	State	(Area Code)	Number
_____	_____	_____	_____

**RETURN THIS FORM TO:**  
**Graduate Registrar in Watermen's Hall 253**  
SMS/VIMS, P.O. Box 1346, Gloucester Point, VA 23062 Telephone: 804-684-7106 Fax: 804-684-7881  
You may also scan and email your completed form to [Registrar@vims.edu](mailto:Registrar@vims.edu).