



Office of Graduate Studies

Reinstatement Request / Admission Contract

Name: _____ Student ID#: _____
Last First MI

Phone Number: () Major: _____

Graduate Status
Classified Conditionally

Semester on Probation: Fall Spring
Semester Disqualified: Fall Spring
Semester Applying: Fall Spring
Semester Returning: Fall Spring

STEP 1. ATTACH YOUR STATEMENT - Please provide a rationale for re-instatement

Student Signature: _____ Date: _____

STEP 2. OBTAIN DEPARTMENT RECOMMENDATIONS CONDITIONS OF ENROLLMENT

Department Name: _____

of Visits w/ Advisor: Max. Units:
Max. Work Hrs: Repeats:

Do you recommend admission or reinstatement of this student to your department?

Conditions:

No Yes If yes, conditions of admission or reinstatement must be specified

Signature of Department Chair Date

STEP 3. SPECIAL PROGRAMS CONDITIONS OF ENROLLMENT

Required only for students served by:
Services to Students with Disabilities, Lassen Hall 1008
International Admissions, Lassen Hall Lobby

of Visits w/ Advisor: Max. Units:
Max. Work Hrs: Repeats:

Do you recommend admission or reinstatement of this student to your department?

Conditions:

No Yes If yes, conditions of admission or reinstatement must be specified

Signature of Program Counselor / Advisor Date

STEP 4. REINSTATEMENT / ADMISSION DECISION CONDITIONS OF ENROLLMENT

Go to the Office of Graduate Studies, located in the River Front Center - 206

of Visits w/ Advisor: Max. Units:
Max. Work Hrs: Repeats:

Conditions:

Counselor / Advisor Signature Date

DENIED APPROVED

Graduate Dean Signature Date