



Reinstatement Request / Admission Contract

Name: _____ Student ID#: _____
Last First MI

Phone Number: () _____ Major: _____

Graduate Status	
<input type="checkbox"/> Classified	<input type="checkbox"/> 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 _____