



## REQUEST FOR REINSTATEMENT FROM LEAVE OF ABSENCE FROM GRADUATE STUDIES

FIRST NAME

LAST NAME

STUDENT ID # (SEVEN DIGITS)  NETID  PHONE

EMAIL

Degree Sought:

Field of study:

Semester to be Reinstated:

### REQUIRED SIGNATURES:

Major Advisor	Action	Comments
Print Name: <input type="text"/>	<input type="checkbox"/> Approve	
Signature: <input type="text"/>	<input type="checkbox"/> Disapprove	

Department or Program Head	Action	Comments
Print Name: <input type="text"/>	<input type="checkbox"/> Approve	
Signature: <input type="text"/>	<input type="checkbox"/> Disapprove	

### ACTION BY GRADUATE SCHOOL:

Person Reviewing	Date	Action Taken
Print Name: <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Approve
Signature: <input type="text"/>		<input type="checkbox"/> Disapprove