



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: _____

ACTION BY GRADUATE SCHOOL:

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