



## Request for Program Reinstatement

*Students who have been withdrawn for more than one (1) year must see Admissions to reapply. Students requesting reinstatement must fill out all information above the approval box, sign and date form, and submit to the Program Chair.*

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Program of Study/Degree Level: \_\_\_\_\_

Term effective:    FALL            SPRING            SUMMER

*(if current term is requested registration must be attached to this form)*

**PLEASE ATTACH LETTER WITH REASON FOR REQUEST**

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Signature of Student

Date

### APPROVAL

Approved

Not Approved

\_\_\_\_\_  
Signature of Program Chair

\_\_\_\_\_  
Date

For Registrar's Use Only

Date Form Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Signature: \_\_\_\_\_