



Graduate Reinstatement Application

Instructions: Please fill out the entire form and sign it. Please have your department chair sign and return to the Graduate Studies office for final approval. You will be notified of your reinstatement status via mail **to the address you provide below.**

Last Name _____ First Name _____ Fredonia ID _____
Address _____ City _____ State _____ Zip Code _____
Country _____ Email Address _____ Phone _____

Semester/Year you wish to be reinstated _____ Degree deadline extension requested? Yes No

Please explain your reasons for requesting reinstatement below (attach additional pages if necessary):

Applicant Signature Date

-OFFICE USE ONLY-

Department _____ Degree Program _____ Original Advisor _____
Admission Semester _____ Last Semester Attended _____

Approved Disapproved

New Advisor _____

Comments:

Chairperson/Director Signature Date

Dean, College of Education (if applicable) Date

Accept Recommendation Do Not Accept Recommendation

Comments:

AVP for Graduate Studies & Research Signature Date