



The Graduate School

# REINSTATEMENT REQUEST

Name: \_\_\_\_\_ LUC ID#: \_\_\_\_\_  
Last First

Program: \_\_\_\_\_

Email: \_\_\_\_\_@luc.edu Phone: (\_\_\_\_\_)\_\_\_\_\_

Term Entered Program: \_\_\_\_\_ Term of Last Enrollment: \_\_\_\_\_

**Continuous Registration:** All students in the Graduate School, including those who have completed all coursework, are required to register during the regular academic year (not including summer sessions) until all degree requirements are met to remain in active status, unless the student is on an approved leave of absence. Students who have completed all coursework must register for the appropriate study or supervision course. Students who do not meet the requirement of continuous registration are considered inactive and so are not in good academic standing.

An inactive student who wishes to return to their graduate program must request reinstatement to active status.

- If the time lapsed since last registration term is less than two years, the inactive student should discuss the matter with the Graduate Program Director (GPD) and complete and submit this form.
- **If the time lapsed is two years or more since the last semester of registration, the student must re-apply for admission to the University.**
- In either case, please note that there is no guarantee of reinstatement to the program and/or the provision of previously awarded funding.

### Instructions and Procedures:

Fill out the top portion and the academic status portions. **Attach a separate sheet of paper detailing your answers to question 2 and 3 below.** Return the form for approval to your Graduate Program Director.

**Note: The Graduate School will not act on your request if complete information is not provided.**

Reinstatement Semester Requested: \_\_\_\_\_  
Term Year

1) Current Status in the Program:

<u>Degree Requirement</u>	<u>Date Completed</u>
Coursework	_____
Comprehensive Examinations	_____
Dissertation/Thesis Proposal	_____
Dissertation/Thesis Defense	_____

2) Reason for Reinstatement Request

3) Proposed timeline for the completion of outstanding degree requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation of the Department

I hereby recommend that the following student be reinstated to their above-listed academic program.

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

### Return to the Graduate School, Granada Center 400, LSC

### Graduate School Approval:

The Graduate School approves reinstatement to the above student.

Graduate School Official: \_\_\_\_\_ Date: \_\_\_\_\_