

As stated in the Bulletin:

Students who have withdrawn from their graduate programs for one full semester or exceeded institutional time limits, and who have not been dropped for scholastic or disciplinary reasons, may request reinstatement. Such requests are to be submitted to the appropriate faculty chair or dean, and should be accompanied by a plausible timetable for completing all remaining degree requirements. The student may be required to repeat or augment portions of prior work. Reinstatements are recommended by the faculty, approved by the dean of the school, and processed by the registrar. Any prior indebtedness to CGU must be cleared before reinstatement will be granted. A nonrefundable reinstatement fee, itemized under "Other Fees" in the "Graduate Expenses" section, is required. At the time of reinstatement, the student's program plan must adhere to the institutional time limit for completing the degree program.

Instructions:

- If you have been withdrawn from CGU and you wish to be considered for reinstatement please complete this form and submit it to your academic department for approval. Upon their approval, they will forward it to the Office of Admission and Records for processing. If your reinstatement request is approved by both offices, you will receive a confirmation letter from the Office of Admission and Records.
- Your request for reinstatement must be:
 - accompanied by a personal letter explaining your reasons for requesting the reinstatement
 - made prior to the start of the semester in which you are requesting reinstatement
 - to the same academic degree program that you left
 - approved by the academic department
- Reinstatements can only be considered if there is no outstanding debt to the student's account.

Student Information:

Last Name: _____ First Name: _____

(if known) CGU ID #254 - _____ Date of Birth: _____ / _____ / _____

Academic Department: _____ Degree Program: _____

Semester to which you are requesting reinstatement: _____

Your Mailing Address: _____

Your Phone Number: _____

Your Email: _____

 **Student's Signature:** _____ Date: _____

Academic Department Approvals:

Faculty/Academic Advisor: _____ Date: _____

Dean of the School: _____ Date: _____

Office of Admission and Records: _____ Date: _____