Request for One Semester Reinstatement of Disqualified Graduate Student

Please read and complete all the fields of the reinstatement form. The form should be submitted to the Office of Graduate Studies by the deadline specified below. The Assistant Vice President of Graduate Studies determines the final approval of reinstatement. Students who are not reinstated to the University in the semester immediately following their disqualification are not eligible for student leave. Students who are disqualified must reapply for admission to their graduate program and pay the application processing fee. Form Submission Deadline:

For Students Disqualified at the end of Spring deadline to submit reinstatement: August 12, 2019.

First Name: ________________________ MI: _____ Last Name: _________________________

CSUN ID: _______________________________ Phone: ______________________________

Graduate Program Name: _____________________ Semester disqualified: ________________

Check One:

☐ 1st Disqualification
☐ 2nd Disqualification

Applied for Graduation? (If yes, give semester & year of intended graduation) ________________

*The following documents must be submitted with this form:

☐ Student’s written justification for reinstatement
☐ Unofficial transcript
☐ Degree progress report

Student Signature: _____________________________ Date: ___________________________
To be completed by the Graduate Coordinator or Program Director

Check Appropriate Boxes:

☐ Reinstatement Denied  
☐ Reinstatement Approved for One Semester

If Approved, Student will achieve a 3.0 GPA or better within one semester by:

☐ Repeating the following course/s: ___________________________________________________

☐ Enrolling in the following course/s: ________________________________________________

☐ Achieving a grade of ________ in each of the above courses.

☐ Other: ________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

____________________________________________________  ___________
Graduate Program Coordinator, Program Director, or Credential Office  Date

To be completed by the AVP of Graduate Studies

Check Appropriate Boxes:

☐ Reinstatement Denied

☐ Reinstatement Approved for One Semester, if approved for one semester student must:

☐ Repeating the following course/s: ________________________________________________

☐ Enrolling in the following course/s: ______________________________________________

☐ Achieving a grade of ________ in each of the above courses.

☐ Other: ________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

_________________________________________  ____________
Assistant Vice President of Graduate Studies  Date