Request for One Semester Reinstatement of Disqualified Graduate Student

Please read and complete all fields of the reinstatement form. The Assistant Vice President of Graduate Studies determines the final approval or denial. Students who are not reinstated to the University, in the semester immediately following their disqualification by the deadline below, are not eligible for student leave but instead must reapply for admission to their graduate program and pay the $55.00 processing fee. Submission Deadline (to the Office of Graduate Studies):

- **Spring Disqualification:** Monday before Fall semester begins
- **Fall Disqualification:** Monday before Spring semester begins

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

Factors that can affect academic standing:

- Has a Graduate Repeat form been filed for repeated course/s?
- Have grades marked as Incomplete (I) been completed?
- Were any grade change issues resolved?

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