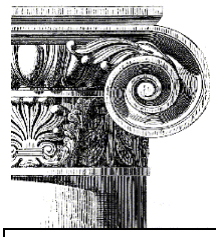

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
The Graduate School

Request for Reinstatement to Graduate School

(after academic ineligibility)

Student's
Name_____ PID# _____

Address _____ Phone # _____

_____

Major: _____ Degree Intent: _____ Date Entered: _____

Cause of ineligibility:

[ ] grade of F or F* in _____ taken _____
course term/year

[ ] L grades in 9 hours of course work

[ ] second failure of comprehensive exams

[ ] other; please specify _____

Have you been previously reinstated: yes ☐ no ☐

Section I - to be completed by student. Indicate what remedial steps you, your instructor/advisor, and/or your program plan to take to assure that you maintain eligibility.

(attach additional sheets as necessary)

Section II - to be completed by program. Please indicate why you support or do not support this request.

Request approved: _____ not approved: _____
Director of Graduate Studies Director of Graduate Studies

(attach additional sheets as necessary)

Graduate School Action: ___ approved _____ **Date:** _____
___ not approved *associate dean signature*