



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 Have you been previously reinstated: yes \_\_\_\_\_ no \_\_\_\_\_  
[ ] L grades in 9 hours of course work  
[ ] second failure of comprehensive exams  
[ ] other; please specify \_\_\_\_\_

**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 for your action plan 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 Date Director of Graduate Studies Date*  
(attach additional sheets as necessary)

Graduate School Action: \_\_\_\_\_ approved \_\_\_\_\_ Date: \_\_\_\_\_  
associate dean signature  
\_\_\_\_\_ not approved