



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
The Graduate School

Request for Reinstatement to Graduate School
(after academic ineligibility)

Student's Name _____ PID# _____
UNC Email _____ Phone # _____
Other Email _____
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