

**REINSTATEMENT REQUEST**  
**Loyola University Chicago**  
**The Graduate School**

Name: \_\_\_\_\_ LUC ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_@luc.edu Program: \_\_\_\_\_

Date Entered Program: \_\_\_\_\_ Term of Last Attendance: \_\_\_\_\_

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Graduate School Policy on academic standing:

**Continuous Registration:** All students, including those who have completed all coursework, are required to register during the regular academic year (not including summer sessions) until all degree requirements are met, unless they have received a leave of absence ([see below](#)). Students who have completed all coursework and are preparing for comprehensive examinations and/or preparing dissertation/thesis proposal are to register for Doctoral/Master's Study. Registration in doctoral or masters study is limited to two semesters; after this, students must enroll in dissertation or thesis supervision. Students working on a dissertation or thesis are to register for Dissertation or Thesis Supervision, even if they are registered for other courses.

**Inactive Status:** Students who do not meet the requirement of continuous registration are considered inactive and not in good academic standing. To request reinstatement to active status, the inactive student should discuss the matter with the graduate program director (GPD) and complete the Reinstatement Request form if the time lapse is one year or less. **If the student has been inactive for more than one year, the student must complete the Re-application for Admission Form.**

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Reinstatement semester requested: \_\_\_\_\_

1. Current Status in the Program:

<u>Degree Requirement</u>	<u>Date Completed</u>
Coursework	_____
Comprehensive Examinations	_____
Dissertation/Thesis Proposal	_____
Dissertation/Thesis Text	_____

Answer #2 and #3 on a separate page and attach to this request.

2. Reason for Reinstatement Request:

3. Proposed timeline for the completion of outstanding degree requirements:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Recommendation of the Faculty:**

Dissertation/Thesis Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Printed Name

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Printed Name

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**Graduate School Approval:**

The Graduate School approves reinstatement for the above student.

\_\_\_\_\_  
Graduate School Officer

\_\_\_\_\_  
Date