



# REINSTATEMENT REQUEST

The Graduate School

Name: \_\_\_\_\_ LUC ID#: \_\_\_\_\_  
Last First Middle

Program: \_\_\_\_\_ Circle One: Masters or Doctorate

Email: \_\_\_\_\_@luc.edu Phone: \_(\_\_\_\_\_)\_\_\_\_\_

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

## Instructions and Procedures:

Fill out the top portion and the academic status portions. **Attach a separate sheet of paper detailing your answers to question 2 and 3 below.** Return the form for approval to your Graduate Program Director and to your Thesis or Dissertation Director, if you are at that stage in your academic career.

The Graduate School's complete policies and procedures are listed in their entirety on our website [www.luc.edu/gradschool](http://www.luc.edu/gradschool) under the Academic Policies page. The following is a partial listing of policies relevant to Continuous Registration and Reinstatement:

- **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 on a leave of absence. Students who have completed all coursework and are preparing for comprehensive examination and/or preparing a dissertation/thesis proposal are to register for Doctoral Study, Master's Study, or the appropriate departmental course. Once at the dissertation/thesis stage, students must enroll in Dissertation or Thesis Supervision.
- **Inactive Status:** Students who do not meet the requirements 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 this 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.**

## Information on Academic Status:

**Note: The Graduate School will not act on your request if complete information is not provided.**

Reinstatement Semester Requested: \_\_\_\_\_  
Term Year

1) Current Status in the Program:

Degree Requirement                      Date Completed

Course work \_\_\_\_\_

Comprehensive Examinations \_\_\_\_\_

Dissertation/Thesis Proposal \_\_\_\_\_

Dissertation/Thesis Text \_\_\_\_\_

2) Reason for Reinstatement Request

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

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

## Recommendation of the Faculty:

I hereby recommend that the following student be reinstated to their above-listed academic program.

Dissertation/Thesis Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

**Return to the Graduate School, Granada Center 400, LSC**

## Graduate School Approval:

The Graduate School approves reinstatement to the above student.

Graduate School Official: \_\_\_\_\_ Date: \_\_\_\_\_