



# REINSTATEMENT REQUEST

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

Program: \_\_\_\_\_

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 academic advisor.**

The IPS complete policies and procedures are listed in their entirety on our website [www.luc.edu/ips](http://www.luc.edu/ips) 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 maintain continuous registration during the regular academic year (not including summer sessions) until all degree requirements are met, unless they have received a leave of absence. Continuous registration means registration during both fall and spring semesters of the academic year (unless the student receives a leave of absence). In cases where a student elects to pursue their degree in a summer only basis, continuous registration means registration in continuous summers unless a student receives a leave of absence. (Summer-only student status does not change if they take an on-line course during the regular academic school year).
- **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 academic advisor and send the IPS Director a written request for reinstatement, which must include the following information: 1) the academic semester/term for which the student is requesting reinstatement; 2) information as to why the student discontinued her/his studies and information on the nature of any academic or professional work undertaken since the discontinuation of her/his studies; and 3) a proposed time line for completion of outstanding degree requirements.

## Information on Academic Status:

**Note: The IPS 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

Course work (number of credits completed) Date Completed

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.

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

## Return to the Institute of Pastoral Studies

Approval:

The IPS approves reinstatement to the above student.

IPS Director: \_\_\_\_\_ Date: \_\_\_\_\_