



Student's Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Degree and Program: \_\_\_\_\_

Graduate Status:

- Degree Seeking
- Non-Degree Seeking

The University Reinstatement Policy for Suspended Graduate Students provides mechanisms for obtaining reinstatement if certain conditions are met. Student should complete this Appeal Request Form after written reinstatement request has been submitted to the Graduate Program Director and formal notification has been received that the request for reinstatement was denied.

1. Please provide justification for appealing the denial of your reinstatement from suspension.  
(Additional pages may be attached if necessary.)

2. When submitting this Appeal Request Form, make sure to include the following attachments:
  - Original Request for Reinstatement letter submitted to your Graduate Program Director
  - Supporting Documentation for your request

**PLEASE NOTE:** All documents regarding your appeal should be submitted at the same time. Documents presented after the initial package is received will not be considered.

*By signing below, I acknowledge that the decision rendered by the Graduate Appeals Committee is final.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Student's Signature)*