

Kennesaw State University
The Graduate College

Request for Reinstatement

Name

Address

City/ST/Zip

Phone

Email

Graduate program from which you were dismissed

Semester of Dismissal

Semester you wish to return (note you must be out one semester)

Reason Requesting Reinstatement – Attach additional sheet(s) if necessary.

(Please explain the circumstances that led to your dismissal and how you plan to be successful in completing your program should you be reinstated.)

Signature

Date

Save form to your desktop, complete form, print and mail or attach to an email to ksugrad@kennesaw.edu.