



## Petition for Academic Reinstatement

Name:

KSU#:

Address:

City, State & Zip

Phone:

Email:

Graduate Program Dismissed From:

Semester of Dismissal:

Semester you wish to return:

Reason Requesting Reinstatement – Attach additional sheet(s) and/or documentation to explain circumstances that led to your dismissal

Student Signature:

Date:

(Save form to your desktop, complete form, save and send as attachment to [gradcollegeforms@kennesaw.edu](mailto:gradcollegeforms@kennesaw.edu))