



## **Request for 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 if needed:  
(Explain circumstances that led to your dismissal and how you plan to be successful if reinstated)

Signature:

Date:

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