

GRADUATE AND CONTINUING ED. REINSTATEMENT APPLICATION SUNY POTSDAM

Instructions: Please fill out the entire form and sign it. Please return to Graduate and Continuing Ed., Raymond Hall 206 for final approval. You will be notified of your reinstatement status via mail **to the address you provide below.**

Name: _____ Potsdam ID: _____
Last First Middle Identification Number

Mailing Address: _____
Street City State Zip Code

Telephone: _____ E-mail: _____

Semester/Year you wish to be reinstated: _____ Degree deadline extension requested? Yes No

Activity since last in attendance (i.e., enrolled at another school) – List names of institutions and their location, dates of attendance and credits earned. Please request that transcripts be sent to Graduate and Continuing Ed. immediately. If you were previously dismissed from Potsdam, explain why you are now better prepared to be successful:

Please explain your reasons for requesting reinstatement below (attach additional pages if necessary):

Applicant Signature

Date

OFFICE USE ONLY

No holds Holds _____

Director of Graduate and Con't Ed. Signature	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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Program Coordinator/Chairperson Signature	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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International Education (International or Canadian students)	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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Dean Signature	Date	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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