

APPLICATION FOR REINSTATEMENT TO **GRADUATE STUDY** IN  
THE COLLEGE OF ARTS & SCIENCES AT FLORIDA STATE  
UNIVERSITY

This form is intended for **GRADUATE STUDENTS** applying for immediate reinstatement. After (1) completing Section I of the form take it (2) to your major professor for consultation and whatever action he/she deems appropriate, (3) to your department chair and (4) to your academic dean.

Section I: To be completed by the Graduate Student

Term \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Campus ID or EMPL ID

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Local Address \_\_\_\_\_

Street and Number

City

State

Zip Code

FSU email account \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Section II: A major professor, after consultation with the graduate student, may petition the academic dean for consideration of special circumstances which the professor thinks constitute justification for an exceptional readmission **Included with this justification should be an academic plan that will provide the student an opportunity to correct their GPA deficit.**

Recommendation and Justification \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Major Professor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Dean or Representative

\_\_\_\_\_  
Date