



**Petition to the Graduate School or Graduate Board
Student Appeals Committee for Reinstatement**

Graduate School

Instructions: Complete this form when seeking reinstatement to a degree program or to make any other request beyond the scope of authority of your school or college.

SECTION 1: STUDENT INFORMATION

Name (Last, First and Middle)		TUid	
Current Mailing Address (including City, State and Zip Code)			
Telephone (beginning with Area Code)		Temple Email	
School or College	Program	Degree	

SECTION 2: REASON FOR SUBMITTING PETITION

Limit the rationale for your request to the space below. Do NOT attach additional paperwork; it will be requested if needed.

Rationale:

SECTION 3: APPROVAL SIGNATURES

Student				Date
Advisor	Telephone	Temple Email	Date	
Department or Graduate Chair	Telephone	Temple Email	Date	
School or College Associate or Assistant Dean	Telephone	Temple Email	Date	

SECTION 4: GRADUATE SCHOOL APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of the Vice Provost	Date
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**Approval cannot be assumed.
You will be notified of the decision.**

Return completed form to:
Dr. Zebulon Kendrick
 Vice Provost
 Graduate School

*501 Carnell Hall
 1803 North Broad Street
 Philadelphia, PA 19122-6104
 Fax: 215-204-8781*