



Office of Graduate Studies
210 Koch Hall
Norfolk, VA 23529
Phone: (757) 683-4885
Fax: (757) 683-5499

Graduate Program Director's
Recommendation For
Reinstatement from Suspension
G4

Student's Name: _____ UIN: _____

Graduate Program: _____

Graduate Status:
Degree Seeking
Non-Degree Seeking

The University Reinstatement Policy for Suspended Graduate Students provides a mechanism for obtaining reinstatement if certain conditions are met. Completion of the Graduate Program Director's Recommendation Form is required as part of the appeal process.

To be completed by the Graduate Program Director:

1. Please evaluate the basis for the student's request for reinstatement as stated in his/her letter.

2. Please evaluate the student's potential for success in your graduate program

3. If the student is currently in a NON-DEGREE status, is he/she presently eligible for admission to your graduate degree program?

- Yes
- No
- Not Applicable

4. Please list the required graduate courses to be taken as part of the plan of study.

Department	Course No.	Course Title	Semester to be taken	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Please provide your summary recommendation concerning this student's reinstatement request.

Graduate Program Director's Determination (check one):

- I approve the student's request for reinstatement.* _____
- I deny the student's request for reinstatement.* _____

Signed: _____ Date: _____
Graduate Program Director

Department Chair's/Dean's Determination (check one):

- I agree with the GPD's decision to approve reinstatement.* _____
- I agree with the GPD's decision to deny reinstatement.* _____
- I disagree with the GPD's reinstatement decision.* _____ _____

Signed: _____ Date: _____
Department Chair or Dean

cc: Office of Graduate Studies