



Petition for Academic 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 to explain circumstances that led to your dismissal

Student Signature:

Date:

Save form to your desktop, complete form and sign using electronic signature save and send as attachment to gradcollegeforms@kennesaw.edu