

Signature

## Tennessee Tech University College of Graduate Studies: Reinstatement Request

(Return this form along with all attached documents to The College of Graduate Studies DBRY Room 306. The staff will review the reinstatement package for completeness, before sending the package onto the College of Graduate Studies Dean for final review.)

Name	last	first	middle			
Student T Numbe			Major			
			J	r	Date	
Student Signature				L	Jaic .	
Studies catalog. (	add attachment, if nece	essary)	tration and enrollment re		d in the College of Graduate	
Approve	Deny		Date			
Comments						
Signature						
RECOMMEND	OATION BY DEPART	TMENT CHAIRPER	SON			
Approve	Deny		Date			
Comments						
Signature						
RECOMMEND	OATION BY COLLEG	GE DEAN/PROGRA	M DIRECTOR			
Approve	Deny		Date			
Comments						
Signature						
RECOMMEND	OATION BY DEAN C	OLLEGE OF GRAD	DUATE STUDIES			
Approve	Deny	Date				
Comments						
Signature					Date	
ACTION TAKE	EN BY GSEC COMM	ITTEE - IF APPLIC	ABLE			
Votes for	Votes against	Absentions	Approve	Deny	Date	
Comments						