1501 West Bradley Avenue Peoria, Illinois 61625 (309) 677-2375 bugrad@bradley.edu www.bradley.edu/grad

Petition for Reinstatement to Graduate Study

Directions for completing this Petition:

- 1. Meet with your Program Coordinator.
- 2. Complete the information on this form.
- 3. Using the space at the bottom of the page and a separate page if necessary, supply the following information:
 - a. Provide an explanation for the performance that led to your dismissal.
 - b. Outline what steps you have or will take to overcome the difficulties that led to your dismissal.
 - c. Explain any factors that you feel will lead to improved performance in the future.
- 4. Sign and date the bottom of this page.
- 5. Send this form and any attached letters to the individuals listed on the second page in the order in which they are listed so that they may comment on your request for reinstatement and indicate their approval or disapproval.

Name:				BU ID #:		
	Surname/Family/Last	Given/First	Middle			
Current	Address:					
City:		State:	Zip:	Phone:		
Major/Pi	rogram:	Term for	Term for which you are petitioning to be reinstated: Semester & Year			
In the spa	ace below and additional p	ages as necessary please e	nter your response to the	questions indicated in se	ction 3 above.	
	I have read this petition	, understand its contents	and coptify that my vesne	NSOS APO APPUVATO		
	1 nave read inis petition	, unuersiana us contents	una cerujy inai my respo	nses are accurae.		
Student	t signature:			Date:		

INTERNAL USE ONLY

Please comment on any circumstances which may have affected this student's academic performance. Please provide your recommendations for this student and recommend conditions for continuation. If you have additional comments you may write them below or attach a letter.

To Be Completed by the Graduate Coordinator:						
Approve	Disapprove					
Comments:						
Coordinator's signature:		Date:				
To Be Completed by the Department Chair/Division Director:						
Approve	Disapprove					
Comments:						
Chair/Director's signature:	Date:					
To Be Completed by the College Dean:						
Approve	Disapprove					
Comments:						
Dean's signature:		Date:				

The College Dean will distribute copies of the completed form along with the final recommendation to the Program Coordinator/Director, Department Chair, Registrar, and Director of Graduate Education.