

## INSTRUCTIONS FOR COMPLETION OF GRADUATE PETITION FOR REINSTATEMENT AND/OR EXTENSION

This section explains step-by-step the process to complete the petition. These instructions will help you complete the form that follows. Please print and complete the form and then contact your program office to ensure the accuracy of the information provided prior to submission. Upon approval of the Graduate Program Director your program office will submit your petition to the Office of the Graduate School.

INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED TO YOUR GRADUATE PROGRAM OFFICE.

### SECTION 1: COMPLETE THIS SECTION REGARDLESS OF DEGREE LEVEL AND PETITION TYPE

1. Check (√) your degree level and the type of petition being requested.
2. Provide your name, M#, department/program, home address (including zip code) and e-mail address.
3. Enter your entry term which is generally the first quarter/semester in which you were registered in your program of study. This date is used in determining the expiration of your time-to-degree limit at the master's and doctoral program levels.
4. Enter that last term registered in your graduate program of study.
5. Enter your official candidacy date. This information is only applicable for doctoral graduate students.

Students petitioning for a Reinstatement should complete SECTION 2.

Students petitioning for a Reinstatement and Extension should complete SECTIONS 2 & 3.

Students petitioning for only an Extension should skip SECTION 2 and go on to SECTION 3.

### SECTION 2: REINSTATEMENT (contingent upon payment of reinstatement fees)

Have you maintained graduate student status by registering for at least 1 graduate credit hour each year?

1. Check the correct response.
  - a. If yes, go to "Reason for Reinstatement" and complete.
2. If no, enter the academic year(s) in which you did not register and then complete "Reason for Reinstatement."
3. Enter term to begin reinstatement.
4. Check that you agree to pay the reinstatement fee by the due date

### SECTION 3: EXTENSION

Have you had a previous extension(s)?

1. Check the correct response.
  - a. If your response is "yes," please indicate the approved date(s) of your extension(s), your requested extension date and the "Reason for Extension." This date must have the approval of your advisor and graduate program director.
  - b. If "no," indicate your requested extension date and the "Reason for Extension."

Attach the required documentation and submit to your graduate program director for signature and processing.

This form will be reviewed by the Associate University Dean of the Graduate School and you will be notified via a letter of the decision on your petition. If you have any questions your graduate program will be pleased to help you.

**UNIVERSITY OF CINCINNATI**  
**Graduate Petition for**  
**Reinstatement and/or Extension**

**SECTION 1:**

**Degree Level:**

- Master's
- Doctoral

**Petition for:**

- Reinstatement - COMPLETE SECTIONS 1 and 2  
(Due to failure to register only; contingent upon payment of reinstatement fees)
- Extension - COMPLETE SECTIONS 1 and 3  
(Due to approaching time-to-degree expiration date only)
- Reinstatement & Extension - COMPLETE SECTIONS 1, 2 and 3  
(Failure to petition for an extension prior to time-to-degree expiration date)
- Reinstatement & Extension - COMPLETE SECTIONS 1, 2 and 3  
(Failure to register in an academic year and petition for an extension prior to time-to-degree expiration date)

Name \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Department/Program \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Month and year of first quarter/semester registered into program: \_\_\_\_\_  
Month Year

Time-to-Degree Expiration Date: \_\_\_\_\_  
Month Year

To Calculate Expiration Date:

Master's 7 Years Pre-07A, 5 Years Post-07A
Doctoral 9 Years

Last quarter/semester registered: \_\_\_\_\_

\*\*\*\*\*

**SECTION 2: REINSTATEMENT**

1. Have you maintained graduate student status by registering for at least 1 graduate credit hour each academic year?  YES  NO

2. If not, indicate year(s) of non-registration: \_\_\_\_\_  
(example, 2002-03, etc.)

3. Desired reinstatement begin term \_\_\_\_\_  
Term

4. I understand that the reinstatement is contingent upon payment of reinstatement fees by the due date I receive in my reinstatement letter.  YES

**REASON FOR REINSTATEMENT (attach additional page(s), if necessary):**

---

---

---

---

**SECTION 3: EXTENSION**

1. Have you had a previous extension(s)?  YES  NO

2. If yes, please indicate date(s) (month/year): \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Month Year

3. Extension requested to: \_\_\_\_\_  
Month Year

**REASON FOR EXTENSION (attach additional page(s), if necessary):**

---

---

---

---

---

---

---

---

\*\*\*\*\*

**Include the following items with this petition:**

1. Description of progress towards degree
2. Degree completion to date
3. Plan for degree completion
4. Letter of support from your Graduate Program Director

\*\*\*\*\*

**SIGNATURES**

Faculty Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Director signature \_\_\_\_\_ Date \_\_\_\_\_

College Dean/Associate Dean signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean of the Graduate School signature \_\_\_\_\_ Date \_\_\_\_\_

(For Office of the Graduate School Use Only)

Reinstatement Fee Assessment: \_\_\_\_\_ 1 Year \_\_\_\_\_ 2 Years \_\_\_\_\_ 3 Years

Fee Due Date: \_\_\_\_\_  
(MM/DD/YY)