

Application to Request Reinstatement to Graduate Program Student Information: **LEGAL NAME:** Last Middle Former Name(s): *if applicable Pacific ID#: Date of Birth: **Current Email:** Phone: **Mailing Address:** Application Information: **Reinstatement term:** Fall ☐ Spring ☐ Summer Year: *See Program for appropriate Re-Admit deadline There is a \$50.00 reinstatement fee. Applications submitted without payment will not be processed. Pacific Information: Previous degree information: School/College: Major: **Degree Sought:** Advisor: Previous attendance as a graduate student at Pacific ☐ Summer ☐ Fall ☐ Spring **Start Term:** Year: ☐ Fall ☐ Spring Summer **Last Term:** Year: Interested reinstatement degree information *if different from above: School/College: Major: **Degree Sought:** Reason for change:

Application to Request Reinstatement to Graduate Program

Last Name:		Pacific ID#:	
Reinstatement Inform	ation:		
List in chronological o	order all schools attend	ed since leaving Pacific. Reque	est each school listed to send
an official transcript t	o Graduate Admission	Office (including coursework i	n progress).
Institution	City/State	Dates of Attendance	e Indicate degree earned
Since leaving Pacific,	have you been dismisse	ed, suspended, or placed on p	robation by any other school?
□ No □ Yes If y	es please explain:		
Evolain why you laft!	Pacific and what promp	to you to roturn?	
Explain why you left i	Pacific and what promp	ts you to return:	
		luate School at the University	
•		urate and complete, to the be	st of my knowledge. I also
agree to uphold the p	orinciples of the Pacific	student Honor Code.	
Applicant Signature			Date
Program Decision:			
☐ Approved			
☐ Denied			
Print Name		Signature	
Graduate School Deci	sion:	· ·	
☐ Approved			
☐ Denied			
Print Name		Signature	Date