

**Instructions: Complete this form when seeking reinstatement to a degree program or to make any other request that is beyond the scope of authority of your school/college.**

**SECTION I: STUDENT INFORMATION**

Name (Last, First and Middle)		TUid	
Current Mailing Address (including City, State and Zip Code)			
Home Telephone (        )        -		Temple E-mail	
School/College	Program	Degree	

**SECTION II: REASON FOR SUBMITTING PETITION**

Limit the rationale for your request to the space below. Do NOT attach additional paperwork as you will be contacted if additional information is needed.

Rationale:
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**SECTION III: APPROVAL SIGNATURES**

Student			Date / /
Advisor	Campus Telephone	Temple E-mail	Date / /
Department/Graduate Chair	Campus Telephone	Temple E-mail	Date / /
College Associate/Assistant Dean	Campus Telephone	Temple E-mail	Date / /

**SECTION IV: GRADUATE SCHOOL APPROVAL**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Dean or Designee	Name of Dean or Designee	Date / /

**Approval cannot be assumed.  
You will be notified of the decision.**

**Return completed form to:**  
*Dr. Zebulon Kendrick  
Associate Dean  
Graduate School*

*501 Carnell Hall  
1803 North Broad Street  
Philadelphia, PA 19122-6095  
Fax: 215-204-8781*