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, SSN, department/program, home address (including zip code) and e-mail address.
3. Enter your entry term which is generally the first quarter in which you were registered in your program of study. This date is used in determining the expiration of your time-to-degree and time-to-candidacy limit at the master’s and doctoral pre-candidacy program levels.
4. Enter that last quarter registered in your graduate program of study.
5. Enter your official candidacy date. This information is only applicable for doctoral graduate students. This date determines the expiration of your time-to-degree at the doctoral post-candidacy level.

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

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

1. Circle the correct response.
   a. If yes, go to “Reason for Reinstatement” and complete.
   b. If no, enter the academic year(s) in which you did not register and then complete “Reason for Reinstatement.”

SECTION 3: EXTENSION

Have you had a previous extension(s)?

1. Circle 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: Petition for:
□ Master’s □ Reinstatement - COMPLETE SECTIONS 1 and 2
□ Doctoral Pre-Candidacy (Due to failure to register only; contingent upon payment of
□ Doctoral Post-Candidacy reinstatement fees)

□ Extension - COMPLETE SECTIONS 1 and 3
(Due to approaching time-to-candidacy and time-to-degree expiration date only)

□ Reinstatement & Extension - COMPLETE SECTIONS 1, 2 and 3
(Failure to petition for an extension prior to time-to-candidacy and/or 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-candidacy and/or time-to-degree expiration date)

Name _________________________________________________     ID# ________-____-__________
Department/Program __________________________________________________________________
Home Address __________________________________________________________________
E-mail address:__________________________________________________________________

First quarter registered into program:  _________________ 7-Year Time-to-Degree ____________
 Month        Year     Expiration Date:     Month    Year
(Master’s)

Last quarter registered:  ____________________________  5-Year Time-to-Candidacy ___________
  Month                     Year     Expiration Date:      Month    Year
(Doctoral Pre-Candidacy)

Official Candidacy Date:  ____________________________  4-Year Time-to-Degree  ____________
  Month                     Year     Expiration Date:         Month    Year
(Doctoral Post-Candidacy)

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SECTION 2: REINSTATEMENT

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

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

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):

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SIGNATURES

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

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)

GS/July 2007