Graduate Education and Research
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EASTERN KENTUCKY UNIVERSITY

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GRADUATE SCHOOL DISMISSAL APPEAL FORM

Date: _____ **Student ID Number:** _____

Student Name: _____
(PLEASE PRINT) Last First M.I.

Current phone contact: _____ **Email contact**: _____

Student Signature (Mandatory): _____

Student justification for reinstatement – please specify what extraordinary circumstances justify reinstatement. Use back of form or attach additional page if necessary.

Approved: _____ **Disapproved:** _____

Graduate Advisor's Signature: _____ **Date:** _____

Graduate Advisor's Recommendation and/or Comments: Please use back of form or attach additional page if necessary.

☐ **Approved** ☐ **Disapproved** _____
Department Chair Signature (Area of Study) Date

Reason: _____

☐ **Approved** ☐ **Disapproved** _____
College Dean's Signature Date

Reason: _____

☐ **Approved** ☐ **Disapproved** _____
Dean, Graduate Studies & Research Date

Reason: _____