

**Office of Graduate Studies
204 Knoles Hall**

Application to Request Reinstatement in the Graduate School

This application is for: Fall Semester; _____ Spring Semester; _____ Other _____
(year) (year) (year)

NOTE: This form has been designed to simplify the procedure for former UOP Graduate Students who seek to resume graduate study at the University of the Pacific. It should be completed and forwarded to the Graduate Studies office. A \$50.00 reinstatement fee must accompany this application.

Name: _____
(Last Name) (First Name) (Middle)

Former Last Name(s), if any:

SSN or Student ID#: _____ Date of Birth: _____

Mailing Address:

(Street)

(City) (State) (Zip Code)

Daytime Telephone: () _____ Evening Telephone: () _____

What were the dates of your previous attendance at UOP?

What degree were you seeking?

What was your major?

Who was your advisor?
