



Committee Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Recommendation: \*

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Graduate School Office Use:**

Post \$50.00 Reinstatement Fee to Detail Code FGFR

Decision: \*

Reason: \_\_\_\_\_  
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Initiator Signature \_\_\_\_\_ Date: \_\_\_\_\_