The Graduate School
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BRADLEY UNIVERSITY

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REQUEST TO REINSTATE COMPUTER ACCESS FOR FORMER AND STUDENTS PRESENTLY NOT ENROLLED

This form is to be submitted to the registrar

Name: _____
Surname/Last Given/First Middle/Other

ID Number: _____ Graduate Program:_____

Phone Number:_____ Email: _____

Graduate Program Coordinator/Advisor:_____ _____

Reason for Requesting Access:

_____
_____
_____

If the reason for requesting a reinstatement is to complete the work required to remove an IN or IP, an IN – IP Contract for completion of the course work must be on file with the Graduate Program Coordinator/Advisor and the Graduate School if the student requesting access is a graduate student.

Course # with IP Grade _____ Term _____ Contract Deadline_____

Outstanding holds and encumbrances must be cleared before the request for access will be considered.

Signature Coordinator/Advisor: _____Date: _____

Signature Student: _____ Date: _____

For Registrar Use only: Holds on student record YES NO