

REINSTATEMENT FORM

Date _____

TO: Graduate School of Arts and Sciences
P O Box 400773
438 Cabell Hall
University of Virginia
Charlottesville VA 22904-4773

Please reinstate: _____ ID # _____
Student's Name

in the Department of _____ working toward a _____ degree for the
semester: _____ year: _____

Director of Graduate Studies

Peter C. Brunjes, Associate Dean

For Student's Signature:

During your absence from the University, were you arrested or charged with or convicted of or did you serve a criminal sentence for any crime, excluding minor traffic violations which did not involve bodily injury to others? No Yes If yes, attach your explanation to this application providing a complete and truthful account of the circumstances.

Student's Signature

Our request for disclosure of social security account numbers is optional, except where disclosure may be required by federal law such as in the case of financial aid and work-study assistance. This request is made to assist the University in internal tracking of your records and credentials, as well as to provide you with a personal identifying number for use at the University. This request is made in accordance with Section 2.2-3803 of the Virginia Code and general administrative authority over University operations.