

Reinstate Suspended Graduate Program: See EM 13-057

Program Name: _____

Program named above is (complete only if applicable):

___ Option within _____
(Degree program name)

___ Certificate

Attach a rationale for program reinstatement summarizing actions taken to improve the program and the outcomes leading to reinstatement. Include original suspension plan and timeline if available.

Required Signatures

**The Department of _____
has reviewed and approved this program reinstatement.**

Chair, Department Curriculum Committee

Date

Department Chair

Date

**The College of _____
has reviewed and approved this program reinstatement.**

Chair, College Curriculum Committee

Date

College Dean

Date

The Office of Graduate Studies has reviewed and approved this reinstatement

Dean of Graduate Studies

Date

Send signature page with rationale attached to Curriculum Services at zip 128