PETITION FOR ACADEMIC REINSTATEMENT WHILE ON ACADEMIC SUSPENSION

This petition is to be completed and submitted to the College Dean's Office **no later than 5 days prior to the beginning of the semester** for which the student wishes to register. Filing this petition does not guarantee approval. Final approval or denial will be determined by the College Dean.

Student Name: _____ A#: _____
Address: _____ Phone: _____
E-mail: _____

Seeking reinstatement for: _____ 20 _____
Semester or Term Year

Seeking reinstatement as: _____
Degree Major

Please submit the following documents along with this Petition:***

1. Unofficial university transcript
2. Copy of current degree audit
3. Student Self-Assessment Form

*** Incomplete submissions will not be reviewed or considered by College Dean.

Please note: If your Petition for Reinstatement is approved, you will be reinstated on a probationary status. Reinstatement does not imply that student financial aid will also be reinstated. It is your responsibility to contact the Office of Financial Aid to address any issues pertaining to this office.

I hereby certify that all statements included in this petition are true and that to the best of my knowledge I have not omitted any relevant information.

_____ _____
Student's Signature Date

☐ Approved ☐ Denied _____ _____
Signature of Department Chair Date

☐ Approved ☐ Denied _____ _____
Signature of College Dean Date

Processed by: _____ _____
Signature of University Registrar Date

Created: February 23, 2010