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 working 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	
Dlagge gubmit the following	ng documents along with thi	Dotition:***	
i lease sublint the followin	ig documents along with thi	s remon.	
1. Unofficial university tra	anscript		
2. Copy of current degree			
3. Student Self-Assessment Form			
*** Incomplete submissions will not be reviewed or considered by College Dean.			
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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			ate
Student 5 Signature			ate
Approved Denied			
	Signature of Department Cha	ir D	ate
Approved Denied	<u> </u>	· 1	
Duo aggad hay	Signature of College Dean	Б	ate
Processed by:	Signature of University Region	etrar P	late

Updated: January 7, 2011