TEXAS A&M INTERNATIONAL UNIVERSITY Office of Graduate Studies & Research

PETITION FOR ACADEMIC READMISSION / REINSTATEMENT WHILE ON ACADEMIC SUSPENSION

This petition is to be completed and submitted to the Office of Graduate Studies & Research **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 Dean of Graduate Studies and the Graduate Advisory Committee. If petition for readmission or reinstatement is approved, you will be reinstated on a probationary status.

Student Name:		Student ID:		
Street Address:				
City:	State:		ZIP:	
Phone:	En	nail:		
Seeking Readmission or Reinstat	tement for Semester/Yea	r:		
Placed on Suspension by Degree	/Program:			
If reinstated, are you pursuing sa	ame Degree/Program?	Yes 🗆	No 🗆	
If you answer no, please list new	Degree/Program of inte	rest:		
***If you are seeking reinstatem academic year, you will be requir meet all graduate program requi	ed to submit a new gradu			•
Must submit Petition for Readr			ssay indicati	ing the following:
1. Reasons for your acade				
	r medical issue(s) (please n on how to improve your	•	mance.	
I hereby certify that all statemen not omitted any relevant informa	•	are true and tha	t to the best	of my knowledge I have
Student's Signature		Date		
Office of Graduate Studies	use ONI V			
Number of Graduate Hours:		Overall Gradua	te GPA:	
Graduate Advisory Committee	Review Results:			
Department Chair:		Approve	q	Denied