

Full-Time _____

Part-Time _____

List the courses (course number, title and credits) that you would like to take should you be reinstated.

Course Number	Course Title	Number of Credits
1.		
2.		
3.		
4.		

Please type your responses to the following questions/statements on a separate sheet of paper and attach to this application.

1. Explain in detail why your grade point average fell below the acceptable academic standard. Include relevant health issues and/or academic and personal problems that prevented you from being successful. Please attach all related and necessary documentation.
2. What have you been doing since your suspension that supports your request for reinstatement?
3. What plans do you have for academic success if allo

I hereby certify that I understand the provisions of the regulations with regard to the academic standards policy and suspension as stated on the reverse side of this form. I will follow my academic reinstatement agreement to improve my academic performance.

Print or type name: _____

Signature/Date: _____

