Petition to be Reinstated after Additional Scholastic Suspension

Name: ___________________________________________________________

R Number: ___________________________ Cumulative institutional GPA: ____  Last Term GPA: ____

Major: ____________________________________ Minor: _____________________________

Academic Success Advisor: ____________________________________________

Check if completed:

☐ Met Academic Success Advisor twice during probationary period after first suspension.
☐ Completed Academic Success Plan.
☐ Complete a minimum of 12 hours at a different institution.
☐ Earned cumulative GPA of the completed 12 hours is 2.5 or higher. GPA: ______
☐ 500 word personal statement attached

To be completed by Academic Success Advisor

Recommendation:  Yes  No

Comments:

________________________________________________________________________

Student Signature: __________________________________ Date: ____________

Academic Success Advisor Signature: __________________________ Date: ____________