



Undergraduate Petition for Reinstatement or Readmission from Disqualification

Name (Last)	(First)	(M.I.)	CIN
Address (Street Number)			Date
(City)	(State)	(ZIP Code)	Phone ()
Email			

Reinstatement (immediate or after one semester)	Readmission (after two or more semesters)
Student must return completed petition to <i>Admin. 409</i> by deadline published in <i>Schedule of Classes</i> .	Student must file <i>Admission Application</i> by deadline published by the <i>Admissions and Recruitment Office</i> , and must return completed petition to <i>Student Affairs 101</i> .
Degree/major objective _____	Degree/major objective _____
Term Disqualified _____	Last term attended _____
Term to be Reinstated _____	Term to be readmitted _____

Conditions for Reinstatement/Readmission

(Give specific details of the contract, i.e., courses to be taken, units to be earned, grade point average to be attained. See reverse side for minimum grade point average required. Schools, departments, and divisions are responsible for enforcement of any other conditions.)

Student's signature _____ Date _____

Academic Advisement and Information Center's recommendation (<i>undecided majors</i>) Reinstatement <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (<i>exception</i>)	Date
Signature _____	
Major department/division adviser's recommendation Reinstatement <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (<i>exception</i>) <input type="checkbox"/> Grant <input type="checkbox"/> Deny	Date
Signature _____	
Department/division chair's decision (<i>if required</i>) Reinstatement <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (<i>exception</i>) <input type="checkbox"/> Grant <input type="checkbox"/> Deny	Date
Signature _____	
Dean's decision (<i>if required</i>) Reinstatement <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (<i>exception</i>) <input type="checkbox"/> Grant <input type="checkbox"/> Deny	Date
Signature _____	

Admission/Records Use Only

Check CSM for: Last term attended _____ Term disqualified _____

Other: _____