## **Petition for Reinstatement**

Students who are academically dismissed are not permitted to re-enroll at the university until one full semester (fall or spring) has elapsed after the date of dismissal. At the conclusion of one full semester of dismissal, the student may petition for reinstatement to the dean of the student's college. Each petition will be considered on its own merit. Reinstatement is not automatic.

			Date	
Full name of student	Phone			
Address to which response letter should b	e mailed			
Student ID#	Birthdate	Email Address		
Check term for which you wish to be reins	stated:	☐ Fall	☐ Spring	☐ Summer
Check the area of your intended major:	☐ Arts and Sciences	☐ Business		Undeclared
, ,	☐ Education	☐ Technology	_	General Studies
			_	
<b>Directions to the Student:</b> Complete this sheet and <i>return to approp</i> Hall; Business, 101 Kelce; Education 115 104 Horace Mann. Your previous adviso colleges you have attended since last enro	Hughes Hall; Technology, S r's input is required (see seco	101 KTC; or you may select	ct: General Studies,	101 Porter Hall; Undeclared,
I wish to have my petition for reinstateme	nt given careful consideration	for the following reasons:	(a separate page	may be attached if desired)
• •				•
Reason for previous academic difficulty:_				
How do your current circumstances differ	from those which existed at the	he time of your dismissal: (	attach additional pa	age as needed)
List all colleges attended since you were e "NONE."	enrolled at Pittsburg State. If	you have not attended anot	her college or unive	ersity since your dismissal, write
List any courses taken since your dismissa	al from Pittsburg State:			
Course Number C	ourse	Grade Date T	aken	Institution
	Your last enrollment at Pitts	sburg State University (sen	nester and vear):	
		Signature of Stude	•	

## Faculty Advisor's Statement Concerning Petition for Reinstatement

(The student should complete lines 1-6 before sending or giving the form to his/her advisor)

1. I	Full name				
2. (	Check term for which yo	ou wish to be reinstated:	☐ Fall	☐ Spring	Summer
3.	Degree you are seeking:	<b>:</b>	Major:		
4.	Name of faculty advisor	::			
5.	Last semester of attenda	ance at PSU:	(semester and year	)	
6.	Activities since last atter	nding PSU:			
the a		s, or not available, another	d to give comments and observation faculty member or the chairperson		
This	student is	☐ is not recomm	mended for reinstatement.		
í hav	e the following commen	nts and observations to make	e about the above named student:		
					·
					<del></del>
					<del></del>
		_			
	Date			Fac	culty Advisor's Signature
This	student is	is not recomme	ended for reinstatement. (Retain a co	opy for your records and	send form to Registrar's)
Com	ments (optional)				
					<del></del>
		<del></del>			Signature