



**All petitions must be typed.**

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

GPA: \_\_\_\_\_ CREDIT HOURS EARNED: \_\_\_\_\_  
(semester gpa) (cumulative gpa)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF ACADEMIC SUSPENSION: \_\_\_\_\_ REQUESTED READMISSION SEMESTER: \_\_\_\_\_

NOTE: Reinstatement petitions are only for students that were recently suspended and have documented extenuating circumstances outside of a student's control that they feel should be taken into consideration. The deadline for petitions is June 15th for fall semester and January 2nd for spring semester. Approval is not needed to attend the summer session immediately following a spring semester academic suspension. **Reinstatement petitions are rarely approved. Students should not make plans to return following academic suspension until notified of approval of a petition. It is strongly advised that students wait at least one semester prior to submitting a petition for reinstatement.**

Please provide a typed response to the following questions. Also attach documentation that supports your response.

1. Is this your first academic suspension? If not, when was your first suspension (*semester and year*)? \_\_\_\_\_
2. Do you believe that your grades were posted incorrectly and that your dismissal is an error? \_\_\_\_\_  
*If yes, contact your instructor and/or academic advisor immediately for information about the grade change/appeal process.*
3. Are there extenuating circumstances outside of your control that explain your academic performance? \_\_\_\_\_  
*If so, attach supportive documentation. (Examples include: medical documentation, death or birth notices, etc.)*
4. Did you regularly meet with your adviser during the semester? \_\_\_\_\_
5. What do you believe are the reasons for your academic performance, and how do you plan to return to good academic standing?

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Submit this form and supporting documentation to: The Office of Undergraduate Studies, Center for Academic Excellence,  
 ATTN: Reinstatement Petition, 2nd Floor, Carnegie Hall, 2395 6th Street NW, Washington, DC 20059

**Do not write below this line.**

RECOMMENDED ACTION:     Approve     Deny    *Please provide a supporting statement indicating approval or denial.*

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDED ACTION:     Approve     Deny

DEAN or ASSOCIATE PROVOST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL ACTION:     Reinstatement Granted     Denied     Deferred until: \_\_\_\_\_

IF GRANTED: Semester Effective: \_\_\_\_\_ Date: \_\_\_\_\_

Date forwarded to the Office of the Registrar for review and processing: \_\_\_\_\_