



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: _____