



Undergraduate Petition for Reinstatement from Disqualification (rev. October 2021)

Office of the University Registrar

Student Name <small>(FirstName LastName)</small>		CIN
Email		Phone <small>(###) ###-####</small>
Student: For same term (or after one term absence) reinstatement. Must submit the completed petition to the Records Office by the desired reinstatement term's deadline.		Advisor: Approvals/recommendations must be obtained from the Department Chair and College Dean/Associate Dean as appropriate.
Degree/Major: _____ Term Disqualified: _____ Term to be Reinstated: _____	Student's Class Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior Student is requesting: <input type="checkbox"/> 1 st reinstatement <input type="checkbox"/> 2 nd <input type="checkbox"/> Other: _____ Reinstatement Type: <input type="checkbox"/> Immediate <input type="checkbox"/> After one semester	
(If applicable) Change of Major – Reinstatement approval from prior academic program: <input type="checkbox"/> Granted <input type="checkbox"/> Denied		
_____ <small>Prior program's representative name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
Conditions for Reinstatement: Give specific details of the contract (i.e., courses to be taken, units to be earned, grade point average to be attained). Schools, departments, and divisions are responsible for enforcement of any other conditions.		
Student's signature: _____		Date: _____
Major/Program Advisor's Recommendation for reinstatement after disqualification: <input type="checkbox"/> Grant <input type="checkbox"/> Deny		
_____ <small>Advisor name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
Department Chair's Recommendation for reinstatement after disqualification: <input type="checkbox"/> Grant <input type="checkbox"/> Deny		
_____ <small>Chair/DSSA name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
If 2 nd or subsequent reinstatement - College Dean's Recommendation*: <input type="checkbox"/> Grant <input type="checkbox"/> Deny		
_____ <small>College Dean/Associate Dean name</small>	_____ <small>Signature</small>	_____ <small>Date</small>

If reinstatement is granted, please email the completed petition (with required signatures) to the Registrar's Office at Records@calstatela.edu by the stated deadline.