



Undergraduate Petition for Reinstatement or Readmission from Disqualification

Name (Last, First M.I.)	CIN
Address (Street Number)	Date
Address (City, State, Zip code)	Phone ()

Reinstatement (immediate or after one semester)	Readmission (after two or more semesters)
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> . Return completed petition to <i>Student Affairs 101</i> .
Degree/major objective _____	Degree/major objective _____
Term Disqualified _____ Term to be Reinstated _____	Last term attended _____ Term to be readmitted _____

Conditions for Readmission

(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 must exit the University for at least two main terms
- Student must attend CBE Disqualification Workshops
- Student must obtain a **minimum 2.0 Cumulative and CSULA GPA** (usually through Open University)
- Student must reapply to the University through CSUMENTOR

Additional conditions if needed:

Student's signature _____ Date _____

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

Admission/Records Use Only

Check CSM for: Last term attended _____ Term disqualified _____

Other: _____