



## 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 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.)

- Only **1 Reinstatement** is allowed
- Student must attend **CBE Disqualification Workshops**
- Student must maintain **above a 2.0 GPA** for each term until back in good standing
- Student must not take more than **12 units** in a term

Additional conditions if needed:

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

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

### Admission/Records Use Only

Check CSM for: Last term attended \_\_\_\_\_ Term disqualified \_\_\_\_\_

Other: \_\_\_\_\_