## Undergraduate Petition for Reinstatement or Readmission from Disqualification

Name	(Last)	(First)	(M.I.)	CIN	
Address	(Street Nur	nber)			Date
	(City)	(State)	(ZIP Code)		Phone
Email	. ,,				( )
Reinst	atement (im	mediate or after one semester)	Readmission (after two or more semesters)		
	must return com d in <i>Schedule of</i> (	pleted petition to <i>Admin. 409</i> by deadline <i>Classes</i> .	Student must file Admission Application by deadline published by the Admissions and Recruitment Office, and must return completed petition to Student Affairs 101.		
Degree/r	major objective		Degree/major objective		
			Last term attended		
Term Disqualif	ied	Term to be Reinstated	Term to be readn	nitted	
Conditions for Reinstatement/Readmission					
Student's	s signature				Date
Academi Reinstater Signature	ment First	d Information Center's recommendation <i>(und</i> Second Third <i>(exception)</i>	lecided majors)		Date
	epartment/division ment First	n adviser's recommendation Second Third (exception)	Grant	Deny	Date
	ent/divi <u>sio</u> n chai	r's decision <i>(if required)</i> Second Third <i>(exception)</i>	Grant	Deny	Date
Signature	ecision <i>(if require</i>	od)			
Reinstater	ment First	Second Third (exception)	Grant	Deny	Date
Admission/Records Use Only					
Check CSM for: Last term attended Term disqualified					
Other:					