

**Petition for Reinstatement**

**Submit to Andrea Skinner (BTW 2295)**

**Scanned copies of forms are acceptable**

**May be emailed to** **andrea.skinner@csuci.edu**

**Questions? Call 805-437-2749**

*Please note the Academic Appeals Board will only consider the petition for reinstatement of students who have remained outside of the university for at least one regular (Fall or Spring) semester after their dismissal.*

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|  |
| Student ID Number |
|  |
| Telephone Number |
|  |
| E-mail Address (CI e-mail is preferred) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name | First Name | MI |
|  |  |  |
| Address  |  |  |
|  |  |  |
| City  | State | Zip Code |

* Reinstatement request for:

Semester Year

* Date of disqualification:

Semester Year

* Since being disqualified have you attended one or more institution(s), including community colleges, colleges, or universities or enrolled at CI though Open University? If yes, please indicate the name(s) of the institution(s) and attach transcripts or grade reports of course work completed.

*(Please note: All grades must be submitted before a decision will be made).*

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* Please explain why you should be reinstated. **Please attach a typewritten explanation.**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

* + Not reinstated. You have not satisfactorily demonstrated efforts to improve your grade point average.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + You have been reinstated to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester. You must make an appointment with the Office of Academic Advising to review methods of improving your academic standing.

Reinstated on Academic Probation

Advising Hold

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Academic Appeals Board or Designee*