

Academic Success Center Appeal for Reinstatement

Please attach typed responses, sign, and return to Academic Success Center.

Student's Name _____
(Last) (First) (MI)

Student ID # _____ Phone Number _____

Date _____ Current Major _____

Alternative Major (if any) _____

Current Academic Status

Current GPA _____ Total number of credits earned _____

Do you attribute any of your academic difficulties to your current major? Yes No

What are your extraordinary circumstances for requesting reinstatement to IUS and do you have documentation to support your request? _____

What are the specific factors that led to your academic difficulty? _____

Academic Plans if Reinstated

If reinstated, what are your immediate plans for resolving your academic difficulties? _____

If reinstated, what courses do you plan to take during your first semester back? _____

What academic support strategies will you use? _____

Student's Signature _____ Date _____

(If additional Space is needed, please attach another sheet of paper)