Request for Reinstatement

Name: ____________________________________________________________

WFID: __________________________ Date: __________________________

Major: __________________________ Circle one: Fresh Soph Jr Sr Grad

UWF GPA: __________________________ Number of Hours earned at UWF ______

Major GPA: __________________________ Number of Hours earned in major ______

What is the Minimum GPA for your major? __________

Have you been suspended from UWF before? (Circle one)

____ No, this is the first time       ____ Yes (when ________________________)

Financial Aid Status:

Will you be able to receive aid should your reinstatement be approved?     Yes     No

What is your financial aid completion ratio? __________

How many semesters of financial aid do you have remaining? __________

On a separate sheet of paper list all courses you need to graduate. How many hours? __________

(Include this list and your latest DegreeWorks audit with the package)

How many hours do you have until you reach excess hours? __________

List the courses that you would like to take during your first semester back at UWF (limit 13 sh)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach a letter that discusses the following points:

- The causes of the academic problems leading to your suspension;
- Your actions to improve your chances of success at the University;
- Your plans to ensure that you will complete your degree; and
- Why you should be allowed to return to your studies.

I understand the following:

- That should I be suspended a third time, I will not be eligible for reinstatement at UWF.
- That approval of this appeal for reinstatement is not automatic.
- That this appeal, attached letter and endorsements from my academic advisor and chairperson must be received by the deadline for the semester I desire to attend.

________________________________________________________________________

Signature                        Date
Student Reinstatement Advisor Endorsement

I met with ___________________________________ on __________________________.

I verified and we discussed the following items on the application:
☐ UWF GPA and hours
☐ Major GPA and hours
☐ Major GPA requirement, required tests and required internships.
☐ Excess hours counter
☐ Courses required for graduation

We discussed the following items:
☐ AA Forgiveness. (Is that a good option for this student?)
   If no, why not? ________________________________________________
☐ Grade Forgiveness
☐ Campus support services, e.g., 21st Century Scholars, Career Services, Counseling Center, etc.
☐ Financial Aid availability and impact on studies.
☐ Courses proposed for the student’s first semester after returning.
☐ Student’s letter requesting reinstatement.
☐ Following additional items: ____________________________________________

Comments:

______ I recommend that the student be reinstated with the following conditions:

GPA: ________________ (2.30 semester GPA; 3.3 for graduate students unless indicated.)
Minimum grade in course(s): ________________ (D unless indicated)
Credit Hours: ________ (13 hours for first reinstatement; 7 hours for second unless indicated.)
Specific course requirements: __________________________________________________________

______ I do not recommend this student’s reinstatement at this time.

__________________________________________
(Signature)

__________________________________________
(Name)                                      Date
Student Reinstatement Department Chairperson Endorsement

I met with ___________________________________________ on __________________________

to discuss the student’s request for reinstatement.

Comments:

________ I recommend reinstatement with the following conditions

   Same as recommended by advisor

   Other:

________ I do not recommend this student’s reinstatement at this time.

________________________________________________
(Signature)

________________________________________________
(Name)                                        Date