

PETITION FOR IMMEDIATE ACADEMIC REINSTATEMENT

RETURN TO THE OFFICE OF THE REGISTRAR

*** Use the reverse side of this form or attach a statement that fully explains reasons for your request. ***

It is the student's responsibility to obtain the appropriate signatures **PRIOR** to returning this form to the Office of the Registrar, Room 205, Administration Building by 5:00 p.m. on the published deadline date. You may submit your form via hand-delivery, post, fax, or as an attachment from your CNU email account. Please note: if submitting via an attachment you **MUST** indicate "sent via attachment from CNU email account" in the signature block. If your faculty advisor is not available, advisors in the Academic Advising Center may sign for the faculty advisor.

Attach a **typed** statement that fully explains, including all pertinent circumstances, reason(s) for reinstatement. Please provide **supporting documentation for all information** included in your petition. Petitions without explanation will not be reviewed. Petitions must present compelling, mitigating reasons for the reinstatement.

Requests for reinstatement will be reviewed by the Undergraduate Academic Status Committee at the next scheduled meeting. A formal response will be mailed to the address provided on the petition. Please note that immediate reinstatement does NOT remove the suspension or dismissal from the student's record. The record is changed only where an error has been made in determining the student's cumulative grade point average. Immediate reinstatement, in contrast, merely allows suspended or dismissed students in exceptional circumstances to take classes during the suspension or dismissal period. The effect is that if subsequent student performance warrants a second suspension, the student will be dismissed from the University.

Incomplete petitions will not be reviewed. Petitions received in the Office of the Registrar after the published deadline will be presented to the committee at the next scheduled date. _____ student's initial

I am applying for reinstatement from: Suspension Dismissal

NAME: _____
(Please Print) (Last) (First) (MI) (Maiden, if applicable)

CNU STUDENT ID#: _____ **MAJOR:** _____

ADDRESS: _____
(Street Address)

(City) (State) (Zip Code)

HOME PHONE (Area Code and Number) :

CELL PHONE (Area Code and Number):

WORK PHONE (Area Code and Number) :

EMAIL ADDRESS:

ANTICIPATED GRADUATION TERM: May 20 ____ August 20 ____ December 20 ____

I wish to enroll Full-time (12 credits or more) Part-time (11 credit hours or less)

Do you plan to work while attending school? No Yes **If yes, how many hours per week?** _____

*I have reviewed the published deadlines and meeting dates of the ASC and understand I must submit this petition for the next scheduled **meeting date of** _____ (MMDDYY) **no later than the deadline of** _____ (MMDDYY). I verify that my petition is complete with all relevant signatures and includes supporting documentation for **any and all information** presented in my personal statement.*

Student's Signature: _____ **Date:** _____

(Please see page two on reverse side for additional required faculty advisor signature block)

