CHRISTOPHER NEWPORT UNIVERSITY

Rev. 09/2010
ASC

PETITION FOR IMMEDIATE ACADEMIC REINSTATEMENT

RETURN TO THE OFFICE OF THE REGISTRAR

**** 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, or fax. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the petition.

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 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.

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? _____

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

FACULTY ADVISOR INFORMATION & REQUIRED SIGNATURE:
(Note: If your assigned faculty advisor is not available, your department chair may sign on behalf of your faculty advisor)

Printed Name of Advisor: _____

Signature: _____ **Date:** _____

Recommendation: **□ Approve** **□ Disapprove** **□ Reviewed with no recommendation**

Comments (please print):
_____

FOR COMMITTEE USE ONLY:
□ Approve □ Deny Date of Action: _____ □ Full-time □ Part-time # Credit Hours: _____

Comments: