**California State University, Stanislaus**
**Enrollment Services**
**One University Circle**
**Turlock, CA 95382**
**(209) 667-3264**

# Petition for Reinstatement After Disqualification

**INSTRUCTIONS: (Please PRINT)**

1. **Student completes Section A and Major Adviser completes Section B.**
2. **Return all three copies of this petition to the Academic Resource Center (attach duplicate copies of additional statements, if necessary).**
3. **Students who have not attended for 2 terms will be required to reapply to the University.**

SECTION A:

University ID # _____

Name: _____
Last First Middle

Address: _____
Street # & Name City State Zip

Telephone # ( ) _____ Term & Year for which reinstatement is requested: Term_____Yr_____

Major _____ Concentration _____ Major Adviser _____

Class Level: ☐ Frosh ☐ Soph ☐ Junior ☐ Senior ☐ Grad CSUS G.P.A _____ Overall G.P.A. _____

Term of disqualification _____ Number of times previously disqualified at CSUS; (if any) _____

Why was your academic performance at CSUS unsatisfactory? Why do you expect your future grades to be satisfactory?

_____

_____

_____

Student's Signature _____ Date _____

SECTION B:

Major adviser's recommendation: ☐ **Approved** ☐ **Denied** Reason(s) for recommendation:

_____

_____

Major Adviser's Signature _____ Date _____

SECTION C:

**ACTION:** ☐ **Approved** ☐ **Denied**

Reinstatement Status: ☐ Continued on Probation ☐ Good Standing

Application/Admissions Status ☐ Student must reapply to the University for the term in which they intend to re-enroll.

Other Conditions/Comments: _____

_____

_____

Advising Resource Center _____ Date _____

Distribution: Pink - Student Yellow – Adviser White - Records Dept. **A-2** ES:Mar2009:ekb