Petition for Reinstatement

NAME _____ E # _____

CURRENT ADDRESS_____

DAY TELEPHONE _____ EMAIL _____

NUMBER OF TERMS AT EIU _____ LAST TERM AT EIU _____

DEGREE/ MAJOR DESIRED _____ HOURS TOWARD GRADUATION _____

WHAT WAS YOUR CUMULATIVE GPA AT THE TIME OF YOUR FIRST DISMISSAL? _____

WHAT WAS YOUR CUMULATIVE GPA AT THE TIME OF YOUR SECOND DISMISSAL? _____

HAVE YOU PETITIONED THE COMMITTEE BEFORE? YES ___ NO ___ WHEN? _____

COLLEGES ATTENDED SINCE DISMISSAL FROM EASTERN ILLINOIS UNIVERSITY:
(Transcripts from these Colleges must be received by the application deadline date below, or your petition will be returned to you to apply for a later semester.)

School	Dates
_____	_____
_____	_____
_____	_____
_____	_____

IF REINSTATED, WHICH SEMESTER AND YEAR DO YOU WISH TO RE-ENTER EASTERN ILLINOIS UNIVERSITY? *(REINSTATEMENT FOR SUMMER IS NOT CONSIDERED)*

___ FALL 20_____ **(APPLICATION DEADLINE: THIRD MONDAY IN JUNE AT 4:00 P.M.)**

___ SPRING 20_____ **(APPLICATION DEADLINE: THIRD MONDAY IN OCTOBER AT 4:00 P.M.)**

Respond to each of the following in the space provided or on additional paper if necessary.

A. BRIEFLY SUMMARIZE YOUR ACTIVITIES (e.g., jobs, course work) SINCE BEING DISMISSED FROM EIU WHICH ARE LIKELY TO IMPROVE YOUR ACADEMIC PERFORMANCE.

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B. IF YOU ARE REINSTATED, FOR WHICH COURSES WOULD YOU REGISTER? (Note: As a condition of reinstatement, any student who is dismissed from EIU for academic reasons must enroll in General Studies 1000 during the term in which he or she re-enters the University.)

C. EXPLAIN YOUR REASONS FOR REQUESTING THESE COURSES.

D. LIST THE COURSES IN WHICH YOU RECEIVED YOUR BEST AND POOREST GRADES.

E. WRITE A WELL-ORGANIZED PARAGRAPH ANALYZING THE REASONS FOR YOUR POOR GRADES.

F. GIVEN YOUR ACADEMIC PERFORMANCE AS DESCRIBED IN D AND E, ASSESS YOUR APTITUDE FOR YOUR MAJOR OR PROPOSED MAJOR, AS WELL AS YOUR CHANCES FOR ACADEMIC SUCCESS.

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Additional Information

Feel free to elaborate on any of your answers or to provide the committee with additional information you feel is important for us to have in order to give your petition full consideration.

MARK ONE: _____ I DO, _____ I DO NOT GIVE PERMISSION FOR MY PETITION AND ACADEMIC INFORMATION TO BE REVIEWED BY THE STUDENT MEMBER OF THE COMMITTEE ON REINSTATEMENT.

DATE: _____ SIGNATURE: _____

Office Use Only: Committee Action: _____ REINSTATED _____ DENIED Date Notified_____
Initials: _____