

**PETITION FOR REINSTATEMENT
FOLLOWING SCHOLASTIC DISMISSAL**

College of Health & Human Sciences
Academic Standards Committee

Semester Dismissed _____ Student ID# _____ Date of Hearing _____

KSU College Dismissed from _____ ***Academic Advisor's** _____
Signature

Phone # (home) _____ E-Mail _____
(work) _____

You will be notified about the time and location for your hearing 3-4 days prior to the hearing date.

IMPORTANT

All forms must be received by the College of Health & Human Sciences seven days prior to the hearing date assigned to you or your application will not be considered.

Return petition to: Dean's Office
College of Health & Human Sciences EMAIL: mandrews@ksu.edu
Kansas State University
119 Justin Hall
Manhattan, KS 66506, or

1. Full Name _____

2. Previous Name (if any) _____

3. Home Address _____
Street City State Zip

4. Reinstatement requested for: _____
Semester Year

5. Into which major are you seeking reinstatement? _____
Major

6. Have you been reinstated before to any college at K-State? ___ Yes ___ No If yes, how many times? _____

7. Attach a copy of a transcript(s) or grade report(s) for all college work undertaken since dismissal (or ask the registrar of the institution at which you studied to send a copy directly to the College of Health & Human Sciences at the address above).

Institutions attended since dismissal from KSU:

Institution	Number of Credit Hours	GPA

8. Prepare and attach a **one-page typed summary addressing:** (1) how a college education fulfills your goals for a career and your life; (2) the specific factor(s) that led to your dismissal; and (3) the concrete, specific changes you have made to assure your future academic success. (Same as on instruction sheet.)

9. List the courses you plan to take and your anticipated grades for the semester you are requesting reinstatement. You must seek advice from your academic advisor or an advisor in your new major (if changing majors) to prepare your course schedule (**advisor's signature required on Page 1**). If you have any questions, please contact the Dean's Office, 119 Justin Hall or phone (785) 532-5500.

***Schedule for semester is to be discussed with and approved by your advisor PRIOR to submitting the petition.**

*Course #	Ref.#	Course Name	Credit Hours	Est. Grade

10. If you are reinstated, will you be employed while attending KSU? ___ Yes ___ No

If yes, where will you be employed? _____

Estimated hours of employment per week _____

11. What work have you been engaged in while out of KSU? _____

12. What are your plans if you are not reinstated at this time? _____

13. _____
Applicant Signature
Date