Undergraduate Petition for Reinstatement from Disqualification (rev. October 2021)

Office of the University Registrar

Student Name (FirstName LastName)	**CIN**
Email	**Phone** (###) ###-####

Student: For same term (or after one term absence) reinstatement. Must submit the completed petition to the Records Office by the desired reinstatement term's deadline.

Advisor: Approvals/recommendations must be obtained from the Department Chair and College Dean/Associate Dean as appropriate.

Degree/Major: _____

Term Disqualified: _____

Term to be Reinstated: _____

Student's Class Level:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Student is requesting:

☐ 1st reinstatement ☐ 2nd ☐ Other: _____

Reinstatement Type:

☐ Immediate ☐ After one semester

(If applicable) **Change of Major** – *Reinstatement approval from prior academic program:* ☐ Granted ☐ Denied

Prior program's representative name	Signature	Date

Conditions for Reinstatement: Give specific details of the contract (i.e., courses to be taken, units to be earned, grade point average to be attained). Schools, departments, and divisions are responsible for enforcement of any other conditions.

Student's signature: _____ Date: _____

Major/Program Advisor's Recommendation for reinstatement after disqualification: ☐ Grant ☐ Deny

Advisor name	Signature	Date

Department Chair's Recommendation for reinstatement after disqualification: ☐ Grant ☐ Deny

Chair/DSSA name	Signature	Date

If 2nd or subsequent reinstatement - **College Dean's Recommendation*:** ☐ Grant ☐ Deny

College Dean/Associate Dean name	Signature	Date

If reinstatement is granted, please email the completed petition (with required signatures) to the Registrar's Office at Records@calstatela.edu by the stated deadline.