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**Application for Academic Reinstatement**

This form is to be used by students who have been away from the University for at least one semester because of an academic-related suspension or an academic integrity violation. If you are a current student who has been suspended and you wish to appeal the suspension due to an extenuating circumstance **before** being absent from the University, please fill out the **Petition to Appeal Academic Suspension**.

This application and required documents must be submitted by email to [ARB@stevenson.edu](mailto:ARB@stevenson.edu) by **June 1** for reinstatement for the fall semester and **January 2** for reinstatement for the spring semester. Once the required forms are submitted, the student must meet with the Academic Review Board. Students will be notified of their meeting date by email.

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| 1. **STUDENT INFORMATION** | |
| **Last Name:** Click here to enter Last Name. | **First Name:** Click here to enter First Name. |
| **Student ID:** Click here to enter Student ID Number. | **Phone Number:** Click here to enter Phone Number. |
| **Email address:** Click here to enter Email Address. | |
| **Semester suspended/dismissed:** Click here to enter Semester Suspended/Dismissed. | |
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| 1. **SEMESTER FOR REINSTATEMENT** | |
| I am applying for reinstatement for:  Fall  Spring \_Click here to enter year.\_ Year | |
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| 1. **MAJOR** | |
| **Major during last enrollment:** Click here to enter Major of last enrollment. | |
| **New major (if intending to change):** Click here to enter new Major, if changing. | |

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| 1. **OTHER COLLEGES/UNIVERSITIES ATTENDED** | |
| **Name of Institution:** Click here to enter the Name of the Institution. | **Dates Attended**: Click here to enter dates attended. |
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| **IMPORTANT:** Unofficial transcripts from these institutions must be attached. If reinstated, please remember to send official transcripts to the Registrar’s Office. | |
| I have included transcripts for any institutions attended while away from Stevenson? Yes No | |
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| 1. **PERSONAL STATEMENT** | |
| Please explain the circumstances that impacted your academic performance while at Stevenson and share any academic/work success and/or personal growth you have accomplished during your time away from the university. Examples might include successful completion of classes at a community college, a promotion or increased responsibility at a job, or practical experience by working in your field of interest. ***Please note that this statement should be in your own words and should not rely on any outside sources.*** | |
| Click or tap here to enter text. | |
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| 1. **PROPOSED PLAN OF ACTION** | |
| Please outline a proposed plan of action for how you will improve your academic performance if reinstated. This should include specific steps you will take to support your success and identifying which campus resources you will utilize. | |
| Click or tap here to enter text. | |
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| 1. **ADDITIONAL INFORMATION/DOCUMENTATION** | |
| Is there any additional information that you would like the Board to review? This may include medical documentation, letters of recommendation, or any other documentation to support your petition. Yes No | |
| If Yes, please describe:  Click or tap here to enter text. | |

I certify that this and all information submitted on behalf of my application is true and complete to the best of my knowledge. I understand that falsification, plagiarism, or omission of any information I provide could result in the denial of admission or retroactive dismissal from the University without refund or course credit. I authorize any schools, colleges, or universities I previously attended to release personal and/or academic information to Stevenson University. Should Stevenson University need to release any of the preceding information to third-parties as part of a scholarship competition/selection, I consent to such and waive those protections afforded by the Family Educational Rights and Privacy Act of 1974.

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| **Signature:** Click here to type your full legal name. | **Date:** Click here to enter date. |