

APPEAL FOR IMMEDIATE ACADEMIC REINSTATEMENT

RETURN TO THE OFFICE OF THE REGISTRAR

*** Attach a statement that fully explains reasons for your request. ***

It is the student's responsibility to obtain the appropriate signatures **PRIOR** to returning this form to the Office of the Registrar, First Floor Commons, Christopher Newport Hall by 5:00 p.m. on the published deadline date. You may submit your form via hand-delivery, post, or fax. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the appeal form.

Attach a **typed** statement that fully explains, including all pertinent circumstances, reason(s) for reinstatement. Please provide supporting documentation for all information included in your appeal. Appeals must present compelling, mitigating reasons for the reinstatement.

Requests for reinstatement will be reviewed by the Undergraduate Academic Status Committee at the next scheduled meeting. A formal response will be mailed to the address provided on the appeal form. Please note that immediate reinstatement does NOT remove the suspension or dismissal from the student's record. The record is changed only where an error has been made in determining the student's cumulative grade point average. Immediate reinstatement, in contrast, merely allows suspended or dismissed students in exceptional circumstances to take classes during the suspension or dismissal period. The effect is that if subsequent student performance warrants a second suspension, the student will be dismissed from the University.

I am applying for reinstatement from: Suspension Dismissal

NAME: _____
(Please Print) (Last) (First) (MI) (Maiden, if applicable)

CNU STUDENT ID#: _____ MAJOR: _____

ADDRESS: _____
(Street Address)

(City)

(State)

(Zip Code)

HOME PHONE (Area Code and Number) :

CELL PHONE (Area Code and Number):

WORK PHONE (Area Code and Number) :

EMAIL ADDRESS:

ANTICIPATED GRADUATION TERM: May 20____ August 20____ December 20____

Do you plan to work while attending school? No Yes **If yes, how many hours per week?** _____

Student's Signature: _____ Date: _____

FACULTY ADVISOR INFORMATION & REQUIRED SIGNATURE:

(Note: If your assigned faculty advisor is not available, your department chair may sign on behalf of your faculty advisor)

Printed Name of Advisor: _____

Signature: _____ Date: _____

Recommendation: Approve Disapprove Reviewed with no recommendation

Comments (please print):

FOR COMMITTEE USE ONLY:

Approve Deny **Date of Action:** _____ Full-time Part-time **# Credit Hours:** _____

Comments:

