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| LOGO_OneLine |
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| **Petition for academic reinstatement to a graduate Program** |
| This petition is to be completed and returned to the Office of the Registrar no later than 15 days prior to the beginning of the semester for which the student wishes to register. Petitioning later may result in late registration. Filing this petition does not guarantee approval. Final approval or denial will be determined by the Registrar.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name |       |  |  W # |       |
| Address |       |  | Phone |       |
| E-mail |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Seeking reinstatement for: |       |  |  20 |       |

 Semester or Term Year

|  |  |
| --- | --- |
| Seeking reinstatement as: |       |

 Degree Major Department

Previous Reinstatement Petitions:

 **Date College Petitioned Approved or Denied**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
|       |  |       |  |       |

 If you have attended any other college or university since you were suspended from UW, **please have the respective academic institution send an official transcript directly to the college dean’s office.** Also, list the appropriate information below:

 Institution(s) Dates Attended

|  |  |  |
| --- | --- | --- |
|       |  |       |
|       |  |       |

**Please answer the following questions on a separate piece of paper and attach it to this petition:**

1. What have you accomplished of an academic nature that would indicate that you have corrected the conditions that contributed to your earlier academic suspension?
2. What has occurred in your life that has increased both your desire and ability to perform university-caliber work?
3. If reinstated, what commitments will you make to ensure that your academic performance will be acceptable?

Please note: If your Petition for Reinstatement is approved, you will be reinstated in a probationary status. Reinstatement does not imply that student financial aid will also be reinstated. It is your responsibility to contact the Office of Student Financial Aid.

I hereby certify that all statements included in this petition are true and that I have not omitted any relevant information.

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| --- | --- | --- |
|  |  |  |

Student’s Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Denied |  |  |  |

 Signature of Department Head /Interdisciplinary Program Director Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Denied |  |  |  |

 Signature of College Dean/Provost Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Denied |  |  |  |

 Signature of Registrar Date