Reinstatement Form & Instructions

Reinstatement After College Suspension Petition Procedures

1. This petition should be filled out with the assistance of your adviser. You must attach a study plan which outlines the courses you will be taking during the coming academic year. Emphasis should be placed on repeating courses in which grades of “D” or “F” was received.

2. The petition must be signed by you, your adviser, the chair of the department in which you are majoring, and the dean or director of the college or school in which your major is housed.

3. If the one year suspension requirement has been met, the petition should be filed with the Registrar’s Office. If the one year suspension requirement has not been met, the petition should be presented to the Faculty Senate Office for consideration by the Faculty Senate Academic Standards Committee.

ALL PETITIONS CHECKLIST

Complete form on following page
Obtain required signatures (e.g. adviser, department chair, and dean)
Attach supporting documentation
Make two (2) copies and return to Faculty Senate Office (FDH 220)

4505 Maryland Parkway
Box 455014
Las Vegas, NV 89154-5014
Phone: (702) 895-3689
http://facultysenate.unlv.edu
Reinstatement after College Suspension

Name ______________________________________________________________________ SSN ______________________________

Last  First  Middle

Address _______________________________________________________________________________________________________

Number  Street  City  State  Zip Code

Email ______________________________________________________________________ Phone _____________________________

Registrar’s Office Use Only

Student is majoring in the college of __________________________

Student was placed on college suspension __________________

The one year time period requirement has been met ☐ YES ☐ NO

Issued by: ___________________________ Date Issued: ___________________________

Comments:

Requested Action & Summary of Justification

I hereby authorize the Registrar’s Office to release my

Academic records to the appropriate faculty committee.

Student Signature ___________________________ Date ___________________________

Reinstatement Action

Approved  Disapproved  Date

Advisor ___________________________ ___________________________ ___________________________

Dept. Chairperson ___________________________ ___________________________ ___________________________

Dean or Designee ___________________________ ___________________________ ___________________________

Comments:

Waiver of One-Year Requirements by Academic Standards Committee

(Needed only if one year requirement is not met)

Chair of ASC: Approved ___________________________ Disapproved ___________________________ Date ___________________________

Comments:

Distribution: Registrar, College, Student, Faculty Senate