





**APPLICATION FOR REINSTATEMENT**

SS# \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**PLANS FOR THE NEXT TWO SEMESTERS:**

Number of hours/week employment planned: \_\_\_\_\_

**PLANNED PROGRAM**

FIRST SEMESTER	SECOND SEMESTER

***Explain what is different now that leads you to expect success:***

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As Department Advisor, I certify that this plan is reasonable and the student has the possibility of earning the degree. I recommend that this student be reinstated.

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Department Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Academic Advising Center for Undeclared Majors)