



**PETITION FOR REINSTATEMENT  
from Academic Dismissal**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Student Identification No: R- \_\_\_\_\_  
 Quarter of Dismissal: \_\_\_\_\_  
 Planned Quarter of Return: \_\_\_\_\_  
 Previous Program: \_\_\_\_\_  
 Planned Program of Return: \_\_\_\_\_

**Step 1:** Complete "Petition for Reinstatement from Academic Dismissal" and submit supporting documentation. **Attach a typed statement** indicating the following and submit to the Advising Center (PS 148 / 419-995-8400):

1. Why do you feel you were not academically successful at Rhodes State College in the past?
2. Why do you feel that you will be academically successful at Rhodes State College now?

**Step 2:** Schedule an appointment with advisor to determine appropriate course of action and determine optimum course load if reinstated for the upcoming term and complete ed planning form (and react if necessary).

**Step 3:** You will receive a letter from the Vice President for Academic Affairs indicating what steps you will need to take next.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**OFFICE USE ONLY:**

**Financial Aid**

Eligibility:	Eligible <input type="checkbox"/>	Conditional Status <input type="checkbox"/>	Cancellation Status <input type="checkbox"/>	N/A
Consequence of Withdraw and/or Reinstatement:	No Implication <input type="checkbox"/>	Conditional Status <input type="checkbox"/>	Cancellation Status <input type="checkbox"/>	
Recommendation:				

**Advising Center**

Academic History:	
Consequence:	
Recommendation:	

**Academic Affairs**

Approval:	Yes _____	No _____	
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