STEPS TO BE COMPLETED FOR REINSTATMENT APPEAL

1. Contact your academic department or the Student Advising Center (depending on where you are advised) to discuss the reinstatement process due to your Required Withdrawal status.
   a. If you plan to change your major, you must seek reinstatement from your new academic department.

2. Complete this form and submit it (mail, fax, drop it off) to your academic department prior to your advising appointment. A complete form includes:
   a) unofficial copies of all of your transcripts from other institutions you have attended since your last attendance at ESU, and
   b) your statement of reinstatement (see reverse side).

3. Preferred deadline for submission:
   a. One week prior to the first day of class
   b. Submissions after the preferred deadline may not be approved

A. Student Information: Please Print

Last Name_________________________________ First Name_________________ MI_____ Student ID #____________

Mailing Address (local if available)______________________________________________________________

City________________ State_________ ZIP code________________________ Phone Number_______________

Cell Number__________________________

Permanent Address___________________________________________________________________________

City________________ State_________ ZIP code________________________ Phone Number_______________

Current Major:__________________________ Proposed Major:__________________________

B. Semester Returning to ESU: ( ) Fall 20___  ( ) Spring 20___  ( ) Summer 20___

C. Colleges Attended
List below any colleges you have attended since your last attendance at ESU (if applicable)

<table>
<thead>
<tr>
<th>College(s) Attended</th>
<th>Dates of Attendance</th>
<th>Transcript Sent to ESU Registration (Y/N)</th>
</tr>
</thead>
<tbody>
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(OVER)
D. Statement Requesting Reinstatement — Please write a complete statement explaining your request for reinstatement. You must describe the barriers that prevented your academic success, explain in detail your plan for improvement, and include a list of courses you plan to take the semester you wish to return. Reinstatement is not guaranteed and only those students who demonstrate that they have given careful consideration to how they have and/or will change their behaviors or circumstances will be considered. Please attach a separate, typed statement if additional space is needed.

__________________________________________________________________________________________

__________________________________________________________________________________________

____________________________

THE FOLLOWING TO BE COMPLETED BY ADVISOR OR DEPARTMENT CHAIR

E. Academic Department Determination:

( ) Reinstatement Approved ( ) Reinstatement Denied

F. Stipulations:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

G. Signatures:

I UNDERSTAND THE ABOVE STIPULATIONS AND AGREE THAT IF I FAIL TO MEET THEM I MAY NOT BE REINSTATED FOR THE FOLLOWING SEMESTER.

_________________________________________  ______________________________
Student Signature                      Date

_________________________________________  ______________________________
Reinstatement Representative          Date

H. Return Form:
Department: Give one copy to the student

Return original form to the Registration Office, Campus Box 4026