Student Re-Instatement Request

<table>
<thead>
<tr>
<th>Department</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>APTI</td>
</tr>
<tr>
<td>Student Number</td>
<td>Requested Start</td>
</tr>
<tr>
<td></td>
<td>Date Completed</td>
</tr>
</tbody>
</table>

Attach a one page letter stating the reasons for re-instatement

Instructor:
Approve: ____________________________  Disapprove: ____________________________
Signature: ____________________________
Comments: ____________________________

Instructor:
Approve: ____________________________  Disapprove: ____________________________
Signature: ____________________________
Comments: ____________________________

Departmental Associate Dean:
Approve: ____________________________  Disapprove: ____________________________
Signature: ____________________________
Comments: ____________________________

Dean of Academics: Sheryl Ridens
Approve: ____________________________  Disapprove: ____________________________
Signature: ____________________________
Comments: ____________________________

Received by Student Services:
Signature: ____________________________