REQUEST FOR ACADEMIC REINSTATEMENT

Email form to student-records@fit.edu. Be prepared to schedule an appointment with either your academic advisor and/or department head after you receive the results of the appeal. Any Financial Aid correspondence will be sent to you separately.

Your appeal will be evaluated by the Academic Standing committee.

Date ____________________________

Student Name ____________________________ Student ID No. ____________________________ Major Code ______________

Last ___________ First ___________

Semester for appeal:  ☐ Fall ___________ Academic Year ___________ ☐ Spring ___________ Academic Year ___________ ☐ Summer ___________ Academic Year ___________

Do you plan to change your major?  ☐ Yes New major ____________________________ ☐ No

If changing majors, an appointment must be made with department head for the new major once reinstatement has been granted. The major change will be made automatically with notification of reinstatement.

Describe any obstacles that may have contributed to your dismissal and the actions you have taken to reduce them

_____________________________________________________________________________________________________________________________________________________

Describe your plans to improve your academic performance

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

Additional space on reverse

Student Signature ____________________________ Date ____________________________