FLORIDA TECH.

TIME SENSITIVE! REFER TO THE REGISTRAR'S COMMUNICATION TO YOU FOR DUE DATE.

Email form to student-records@fit.edu. Any Financial Aid correspondence will be sent to you separately. ***Your appeal will be evaluated by the Academic Standing Committee.***

Student Name _____ Date _____
  Last   First   Middle

Student ID no. _____   Phone number _____   Florida Tech email _____

Term to be reinstated: Semester/term _____   Academic year _____

Current major/code _____   Do you plan to change your major? ○ Yes ○ No   If yes, new major/code_____
  (May be left blank)

❏ Please forward my Academic Appeal and supporting documentation to Financial Aid for Satisfactory Academic Progress Appeal documentation.

Describe any obstacles that may have contributed to your dismissal and the actions you have taken to reduce them. Be as specific and detailed as possible. Please use the second (blank) page, if you need additional space.

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Describe your plans to improve your academic performance. Please use the second (blank) page, if you need additional space.

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Submit this form with any accompanying documentation that supports your request for reinstatement.

Student signature_____ Date_____
  (By typing my name above, I am electronically signing this form.)

FLORIDA'S STEM UNIVERSITY®

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Florida Institute of Technology ▪ Office of the Registrar ▪ 150 W. University Blvd., Melbourne, FL 32901-6975 ▪ 321-674-8115 ▪ student-records@fit.edu

Please use this space for additional information.

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