REQUEST FOR ONLINE UNDERGRADUATE ACADEMIC REINSTATEMENT

Email form to OL-records@fit.edu. 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. ______________________________________

Term to  ☐ Fall 1  ☐ Fall 2  ☐ Spring 1  ☐ Spring 2  ☐ Summer 1  ☐ Summer 2  ☐ Academic Year

☐ be reinstated  ☐ Academic Year  ☐ Academic Year  ☐ Academic Year  ☐ Academic Year  ☐ Academic Year

Current Major/Code ____________________________________

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

(May be left blank)

Describe any obstacles that may have contributed to your dismissal and the actions you have taken to reduce them. Being as specific and detailed as possible, write two to three paragraphs detailing what happened during the term that caused you to be unsuccessful in your course(s). Then describe the steps you have taken or will take to improve your academic performance. Feel free to use the second (blank) page.

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

Student Signature (by typing my name above I am electronically signing this form) Date ________________________________

Additional space on reverse