



TIME SENSITIVE! Refer to the Registrar's communication to you for due date

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. _____

Last

First

Term to be reinstated Fall 1 Fall 2 Spring 1 Spring 2 Summer 1 Summer 2

Academic Year

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.

Large empty rectangular box for student response.

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

Date

Additional space on reverse

FLORIDA'S STEM UNIVERSITY®

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USE THIS SPACE FOR ADDITIONAL INFORMATION