



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

UNDERGRADUATE 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. _____ Current Major Code _____
Last First

Semester to be reinstated: [] Fall _____ [] Spring _____ [] Summer _____
Academic Year Academic Year Academic Year

Do you plan to change your major? [] Yes* New major name _____ [] No
*Must contact new department

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

[Empty text box for describing obstacles]

Describe your plans to improve your academic performance

[Empty text box for describing plans to improve performance]

Student Signature

Date

Additional space on reverse

FLORIDA'S STEM UNIVERSITY®

USE THIS SPACE FOR ADDITIONAL INFORMATION