

APPLICATION FOR REINSTATEMENT
University of North Dakota

Name _____

Student ID # _____ Date _____

Local Address _____ Phone # _____

Home Address _____ Phone # _____

Were you suspended or dismissed from UND? (circle one) Suspended Dismissed

When were you suspended/dismissed? _____

When do you plan to re-enter the University?

Fall _____ Spring _____ Summer _____
(Year) (Year) (Year)

Full Time or Part Time

What was your major when you were suspended/dismissed? _____

If reinstated, what will be your field of study? _____

If different, explain change: _____

What factors contributed to your low grades?

What steps have you taken or what circumstances are changed that should help you succeed at UND? _____

(Over)

Feel free to write about any other issues that should be taken into account when considering your application for reinstatement.

List the courses (course number, title and credits) that you would propose taking if reinstated. _____

Have you attended any other colleges since you left the University of North Dakota? _____
If yes, list the names of the colleges: _____

An official transcript from the Registrar of the college(s) must be on file in the Registrar's Office prior to action on this application.

Student Signature

The petition should be brought or mailed to:

- 1) **If Suspended: The Dean of the College** in which you wish to be reinstated.
(See attached list of Colleges and Majors)
- 2) **If Dismissed: The Office of the Registrar** for petition to Student Academic Standards Committee