



# University of Pittsburgh at Titusville

## REQUEST FOR REINSTATEMENT FOLLOWING ACADEMIC SUSPENSION

Name: \_\_\_\_\_  
LAST FIRST M.I.

Current Address: \_\_\_\_\_

Social Security Number (last four digits): \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Month/Year Suspended (e.g. May 2012): \_\_\_\_\_ Semester you would like to return: \_\_\_\_\_

Did you take courses elsewhere while you were suspended? Yes  No

***Include with this form a statement of reasons why you feel you should be reinstated and why you believe you will be more successful at this time if given the opportunity to return. Mail form and attached statement to: Office of Academic Affairs, Pitt-Titusville, 504 E. Main Street, Titusville, PA 16354.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing this form, I acknowledge awareness of the policies of the Student Academic Guidelines that state a second suspension will result in academic dismissal from the University. Reports of non-attendance of classes and/or a pattern of uncompleted assignments may result in a dismissal at the Dean's discretion during the term.)

(For Office Use Only)

This request has been reviewed by the following:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Student Life

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Financial Aid

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Student Services and Registrar

Approve \_\_\_\_\_ Deny \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Campus Dean

