Rev. 1/2024 ASC



## APPEAL FOR IMMEDIATE ACADEMIC REINSTATEMENT

RETURN TO THE OFFICE OF THE REGISTRAR

\*\*\* Attach a statement that fully explains reasons for your request. \*\*\*

It is the student's responsibility to obtain the appropriate signatures *PRIOR* to returning this form to the Office of the Registrar, First Floor Commons, Christopher Newport Hall by 5:00 p.m. on the published deadline date. You may submit your form via hand-delivery, post, or fax. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the appeal form.

Attach a **typed** statement that fully explains, including all pertinent circumstances, reason(s) for reinstatement. <u>Please provide supporting documentation for all information included in your appeal</u>. Appeals must present compelling, mitigating reasons for the reinstatement.

Requests for reinstatement will be reviewed by the Undergraduate Academic Status Committee at the next scheduled meeting. A formal response will be mailed to the address provided on the appeal form. Please note that immediate reinstatement does NOT remove the suspension or dismissal from the student's record. The record is changed only where an error has been made in determining the student's cumulative grade point average. Immediate reinstatement, in contrast, merely allows suspended or dismissed students in exceptional circumstances to take classes during the suspension or dismissal period. The effect is that if subsequent student performance warrants a second suspension, the student will be dismissed from the University.

a second suspension, the studen		for reinstatement from:	□ Suspensi	ion   Dismissal	
NAME:	(Last)	(Pinch)		(18)	(M-:1 'f F11-)
(Please Print)	(Last)	(First)		( <b>MI</b> )	(Maiden, if applicable)
CNU STUDENT ID#:		MAJOR:			
ADDRESS:		(Street Address)			
		(,			
(City)	(City)		(State)		(Zip Code)
HOME PHONE (Area Code and Number):			CELL PHON	NE (Area Code and Number):	
WORK PHONE (Area Code and Number):			EMAIL ADDRESS:		
ANTICIPATED GRADUA	TION TERM:	□ May 20 □ Aug	gust 20	□ December 20	
Do you plan to work while att	tending school?   No	☐ Yes <b>If yes,</b> how	many hours p	per week?	
Student's Signature:				Date:	
An electronic signature is suffic	eient if received from a	Christopher Newport e-mail addre	ess.		
(Note: If your assigned fac	rulty advisor is not c		hair may sig	n on behalf of your faculty ad	lvisor)
Printed Name of Advisor:  Signature:  Date:					
Recommendation:   Does Not Support Reviewed with no recommendation					
Comments (please print):					
Comments (please print)	•				
FOR COMMITTEE USI	FONLV:				
□ Approve □ Deny Date of Action: □ Full-time □ Part-time # Credit Hours:					
Comments:					