

Petition for Undergraduate Reinstatement

Directions: Complete both sides of this petition; **incomplete petitions will not be reviewed.** Attach any additional explanations, recommendations, or physicians' statements which you believe are warranted. Students who have been dismissed three or more times are ineligible to petition for reinstatement. **This form is not valid without a complete application for readmission on file in the Office of Undergraduate Admissions.**

How to Submit Form: Submit completed form in person to One Stop Enrollment Center or online through the [Document Uploader](#). Mail to: **One Stop Enrollment Center**, JPL 1.01.14, One UTSA Circle, San Antonio TX 78249.

Deadlines: Spring Term: October 15 Summer Term: March 15 Fall Term: June 15

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

myUTSA ID (abc123): _____ Banner ID (@12345678): _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

What was your major when you were dismissed? _____

What will be your major should you be reinstated?*

Last term and year completed at UTSA: _____

For what term and year are you requesting reinstatement? _____

If reinstated, how many semester hours of credit do you plan to take? _____

Have you attended another college since leaving UTSA? Yes No If yes, when? _____

If yes, give name(s) of college(s): _____

Specify the reasons for your academic deficiency at UTSA. If illness is used as a reason, a statement from a physician or hospital should be attached. Please enter your reason(s) below. *If your explanation is longer, please attached a separate document.*

myUTSA ID: _____ Student's First Name: _____ Last: _____

Specify how you can prevent the recurrence of low academic performance in the future. *If your explanation is longer, please attached a separate document.*

* Students must meet major declaration requirements as outlined in their catalog of graduation at the time of processing this form. For further details, visit catalog.utsa.edu/undergraduate

AGREEMENT TO CONDITIONS FOR REINSTATEMENT: *If reinstated, I agree to follow the reinstatement recommendations of the Committee on Reinstatement or Associate Dean. I realize that if my petition for reinstatement is disapproved, I must wait at least one semester before filing another petition. I understand that the Committee on Reinstatement may consist of UTSA Faculty, Staff, and Students who may review any or all of my academic records.*

Student Signature: _____ Date: _____

The following Documents are required by the deadline for the term of the application:

1. An Official transcript showing all work taken from all institutions since leaving UTSA,
2. Undergraduate application,
3. \$70.00 application fee,
4. A copy of the completed Petition for Undergraduate Reinstatement.

Materials may be mailed to: The University of Texas at San Antonio, Office of Undergraduate Admissions, One UTSA Circle, San Antonio, TX 78249 or dropped off at the One Stop Enrollment Center during regular business hours. ***Faxed or emailed documents will not be accepted or acknowledged.***

Optional Section

Directions: You may, if you wish, list the names of no more than four UTSA faculty or staff members whom the Committee or Dean may contact for recommendations regarding your petition. The Committee nor Dean are not required to contact any or all of the individuals you list, and they may also request recommendations from individuals not on this list.

RECOMMENDATIONS

List up to four faculty or staff members and have them complete the "Recommendation for Reinstatement Form" on the next page.

Name of Faculty/Staff Recommender: _____

Name of Faculty/Staff Recommender: _____

Name of Faculty/Staff Recommender: _____

Name of Faculty/Staff Recommender: _____

WAIVER

You may, if you wish, sign the waiver below. If you sign it, you will continue to have access to all your records except for those recommendations made concerning this petition. If you do not wish to waive your rights to see your recommendations, DO NOT SIGN BELOW. Your decision to sign or not sign this waiver will not affect the decision on your petition.

I hereby waive my right to see any recommendations made concerning this petition

Student Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED ONLY BY THE ASSOCIATE VICE PROVOST OR THE ASSOCIATE DEAN

Check one: Approved Disapproved Approved with Conditions (see below)

Student will be enrolled as a _____ major in _____ advising center.

Student may enroll in a maximum of _____ Semester Credit Hours (SCH) in any long semester (Fall/Spring) until the semester Grade Point Average (GPA) is greater than or equal to _____ on a 4.0 scale.

Student may enroll in a maximum of _____ SCH in any summer term until the cumulative GPA is greater is greater than or equal to _____ on a 4.0 scale.

Student will enroll in the following course(s): _____

Other comments or conditions:

Associate Vice Provost/Associate Dean : _____ Date: _____

