

# 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 with the Office of Undergraduate Admissions by the deadlines below.

**How to Submit Form:** Submit completed form to One Stop Enrollment Center for processing. Please fill out and print. **Documentation submitted by fax or email will not be accepted.** Upload through the [Document Uploader](#), mail to University of Texas at San Antonio, **One Stop Enrollment Center**, One UTSA Circle, San Antonio TX 78249 or drop off in person at the UTSA One Stop office.

- Fields to select on the Document Uploader:** Department: *Undergraduate Admission*; Term: *Select Applicable Term*; Category: *Outstanding Admission Application*; Document: *Petition for Undergraduate Reinstatement Form*

**The following documents are required by the deadline for the term of this application:**

- Undergraduate application*
- \$70.00 application fee*
- The completed petition for Undergraduate Reinstatement form*
- Official transcript(s) - showing all work taken from all institutions since last attending UTSA*

**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 attach 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 attach 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](http://catalog.utsa.edu/undergraduate)

**YOUR PETITION MAY NOT BE CONSIDERED WITHOUT THE FOLLOWING SIGNATURE ACKNOWLEDGEMENT.**

**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: \_\_\_\_\_

## ***Optional Recommendation for Reinstatement***

**Directions:** You may, if you wish, provide a [Recommendation for Reinstatement](#) from a Faculty, Staff, or other recent member who can attest to your educational pursuits and ability.