## West Texas A&M University Request for Reinstatement after Serving a Second Academic Suspension

(Student MUST also submit a Re-Entry application for admission)

Name:	_
Buff #:	
Current Address:	_
City: State:	Zip Code:
Current Phone Number:	
Email:	
Major when suspended:	
Major pursuing now:	
1) In the upcoming semester:	
how many total credit hours do you plan to take?	
how many of those total hours do you plan to take online? _	
2) If reinstated, do you plan to work while attending college? _	
If you do plan to work, how many hours per week?	
3) Will you be living:	
On campus off campus in Canyon commu	uting from (where)
Please answer the following questions in complete sentences very clearly. Attach your answers to the appeal form. You M documentation.	
<ol> <li>What factors contributed to your prior suspensions? P semesters that led up to both the first and second suspens</li> </ol>	
2). How have things been resolved so that you may be successful in the next semester?	
3). In the period of time since you left WTAMU, what have you been doing both personally and professionally ()work, education, family, etc.)?	
4). What additional information do you want the Committee to consider in the review of the	

5). Provide the Committee appropriate documentation about your circumstances (i.e. medical documentation, obituary, doctor note) and supporting documentation from campus

appeal?

resources you have utilized.

Return this form, your responses to the questions, and any documentation to: Office of the Registrar WTAMU Box 60877

Canyon, TX 79016-0001

Fax 806-651-4949

If you prefer to submit an electronic copy, you may email it to the Registrar at tmiller@wtamu.edu

You MUST submit ALL necessary documentation by the deadline. Requests will not be reviewed if submitted after the deadline.

Please read and initial the following four statements and sign below: 1. I consider this form, attached responses to the questions and any documentation provided, as my formal request to be reinstated after serving a second suspension. 2. I understand that if I am unsuccessful in achieving at least a 2.0 minimum GPA in a semester that it will result in dismissal from West Texas A&M University. 3. I state that all information and documentation provided is original, true, and correct to the best of my knowledge. 4. I understand it is my responsibility to obtain any necessary medical, disability services, or other documentation. I also understand that if not attached, the committee may not consider my request. Signature of Student Date For Official Use Only Date received by the Registrar:\_\_\_\_\_ Documentation Included? Yes No Date of Appeal Hearing:\_\_\_\_\_\_ Appeal: Granted Rejected