Petition for Reinstatement
School of Nursing

Fall_____Spring_____Summer______201__

Print Name_________________________UTEP ID___________________________
e-mail_________________________Telephone___________________________

If you are reinstated, what 3 things will you do differently that will significantly improve your likelihood for success. (Please be very specific.)

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

FOR OFFICE USE ONLY

☐ Approved  ☐ Not Approved—Reason: __________________________________________

Dean_________________________Date____________Student May Reapply___________

Conditions Upon Returning to School
(No conditions below may be changed without prior Dean’s approval)

1. NO F’s, D’s, W’s or I’s are permitted.
2. You may take no more than 12 credit hours in Spring and Fall, 6 credit hours in Summer or 3 credit in a minisemester.
3. You must register for courses that are required on your degree plan.
4. You must renew this petition each semester in person prior to registration until your cumulative GPA meets the 2.00 minimum required for good standing.
5. Course selection must include the following: __________________________________________________

6. You must earn a semester GPA no lower than: __________________________________________________________

Not meeting any of the agreed conditions, will result in suspension for:

☐ One semester  ☐ Two semesters  ☐ One Calendar Year  ☐ Two Calendar Years

I understand and agree to all of the above conditions for reinstatement.

Student’s signature: ________________________________ Date: __________________________

Current GPA and status | GPA after grades post
------------------------|------------------------
Cumulative             | Cumulative             
Academic Standing      | Academic Standing      

☐ Approved  ☐ Not Approved—Reason: __________________________________________

Dean_________________________Date____________Student May Reapply___________