

California State University, Long Beach

Enrollment Services

Reinstatement Petition to Academic Appeals Committee

Date _____ SID# _____

Name _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET CITY STATE ZIPCODE

PHONE (____) _____ (____) _____ EMAIL _____
HOME CELL

Last semester of attendance at CSULB: _____

(You may request reinstatement only if you have remained outside of the University for at least one Fall or Spring semester.)

Please complete. All information must be provided:

Reinstatement requested for	_____	_____
	Semester	Year
Date of Disqualification	_____	_____
	Semester	Year

List all colleges attended since your disqualification, indicating semesters/quarters of attendance.

Include CSULB Extension and Summer School, indicating session(s) and classes if possible. (Attach additional sheets if necessary)

COLLEGE	CLASSES	DATES OF ATTENDANCE

All grades must be submitted prior to review. If official transcripts are not yet available, unofficial transcript may be submitted.

Attach a letter outlining any special circumstances you would like considered.

I understand that I will be disenrolled if reinstated on the basis of falsified grades.

Signature of Petitioner

Date

Petitions must be filed with the Office of Enrollment Services by August 1 for the Fall Semester, December 1 for Spring Semester