

THE UNIVERSITY OF TEXAS AT SAN ANTONIO
Office of Admissions

PETITION FOR UNDERGRADUATE REINSTATEMENT

This form is not valid without an application for readmission on file in the Office of Undergraduate Admissions
www.applytexas.org

Petition deadlines: October 15 for Spring, March 15 for Summer, June 15 for Fall

Directions: Complete both sides of this petition, providing answers to **all** questions. Attach any additional explanations, recommendations, or doctors' statements which you believe are warranted. Please type or print in ink.

1. Name _____ Date _____
Last First Middle
2. Student ID Number _____ Phone number _____
3. Address _____ Apt. Number _____
Street Address or Post Office Box
City State Zip Code
4. What will be your major should you be reinstated? _____
5. Last term and year completed at UTSA _____
6. For what term and year are you requesting reinstatement? _____
7. Have you attended another college since leaving UTSA? [] Yes [] No If yes, when? _____
If yes, give name(s) of college: _____

An official transcript of any work taken at another institution since leaving UTSA, along with an undergraduate application, the \$40 application fee and this completed Petition for Reinstatement must all be received in the Office of Undergraduate admission by the deadline for the term of application in order for the Petition to be processed.

8. If reinstated, how many semester hours of credit do you plan to take? _____
9. 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.
10. Specify the reasons you think you can prevent the recurrence of low scholarship.

CONDITIONS FOR REINSTATEMENT: If reinstated, I agree to follow the reinstatement recommendations of the Reinstatement Committee. 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 both UTSA faculty members and UTSA students who may review any or all of my academic records.

Student's signature _____ Date _____

OPTIONAL SECTION

You may, if you wish, list here the names of no more than four UTSA staff or faculty members whom the Committee on Reinstatement may contact for recommendations regarding your petition. (The Committee is not required to contact any or all of the individuals listed. The Committee may also request recommendations from individuals not on this list.)

You may, if you wish, sign the waiver below. If you sign it, you will continue to have access to all your records, unless otherwise waived, except those recommendations made concerning this petition. (If you do not wish to waive your right to see your recommendations, DO NOT SIGN BELOW.) Signing or not signing this waiver will not affect the decision on your petition.

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

Student's Signature

Date

The University of Texas at San Antonio
Office of Admissions

RECOMMENDATION FOR REINSTATEMENT

INSTRUCTIONS: This page is optional. You may request an individual (academic advisor, pastor, counselor, teacher, etc.) to provide information to the questions listed in the bottom section.

TO BE COMPLETED BY THE STUDENT:

Please complete the following and have your recommender fill out the bottom portion and return by mail.

I have / have not waived my right to see your recommendation.

Student's Name _____ Student ID Number _____

Major _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER:

The student named above has been dismissed from UTSA for academic reasons and is petitioning for reinstatement. The Committee on Reinstatement requests that you complete this form and return it for transmittal to the Committee. Your promptness is of great importance to the student involved, who must be informed of the disposition of his or her case as soon as possible so that he or she can make plans for next semester.

Mail completed form to: The University of Texas at San Antonio
Office of Admissions
One UTSA Circle
San Antonio, TX 78249-0616

1. I am acquainted with this student as:
 academic advisor; teacher; counselor; other (identify) _____
2. I am sufficiently acquainted with this student to make my recommendations with confidence.
 I am not well acquainted with this student and my opinions should be regarded in that light.
3. I feel that the main reasons for this student's academic deficiency are (check as many as are appropriate):
 Difficulty in adjusting to college environment;
 Inadequate preparation in:
 use of spoken or written English;
 mathematics;
 other (identify): _____
 Apparently uninterested;
 Poor study habits;
 Excessive absences from class;
 Illness;
 Other (identify): _____
4. It is my recommendation that this student:
 Be reinstated (indicate reasons).

 Not be reinstated (indicate reasons).

Signature of Recommender _____ Date _____