

Appeal for Academic Reinstatement

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STUDENT INFORMATION

Name: _____ NUID: _____
 UNL Degree College: _____ Term Dismissed: _____ Term Requested for Reinstatement: _____
 Last Semester GPA: _____ Cumulative GPA: _____ Number of times dismissed from UNL (including current dismissal): _____

ACADEMIC PLAN FOR NEXT SEMESTER (To be completed in collaboration between academic advisor and student)

Course(s) Name/Number	C-/D/F Repeat? Previous Grade	Hours	Academic Plan Prepared by (Advisor Name):
Example: PSYC 181	Yes - D	4	
			<input type="checkbox"/> Reviewed the “Appeal for Academic Reinstatement Information for Students” document with student. <input type="checkbox"/> Verified that all holds on MyRED are clear.
			Semester GPA needed to earn a 2.0 Cumulative GPA (cannot be less than 2.0):
Total Hours Planned:			

Does the student have any Incomplete grades on their transcript? Yes No

STUDENT VERIFICATION

I have reviewed the above plan with a college academic advisor and understand the importance of implementing the plan as stated to achieve my goals. I have also reviewed the “Appeal for Academic Reinstatement Information for Students” document.

Student Signature: _____ Date: _____

COLLEGE REPRESENTATIVE RECOMMENDATION (The representative should be someone other than the academic advisor listed above)

The following considerations were used to determine recommendation below:

- | | | | |
|-----|----|--------------|--|
| Yes | No | See Comments | Does the student schedule and attend advising appointments regularly? |
| Yes | No | See Comments | Has the student sought out and used UNL resources? |
| Yes | No | See Comments | Does the student’s transcript indicate a positive academic trend? |
| Yes | No | See Comments | Does the student’s statement and supporting documentation indicate the student is ready to be successful? |
| Yes | No | See Comments | Has documentation been provided that is appropriate and adequate to support the student’s statement? |
| Yes | No | See Comments | Has the student consistently engaged in the academic recovery program? Please note to what extent in the comments section. |

Comments:

Recommendation (circle one): APPROVED APPROVED WITH RESERVATION NOT RECOMMENDED ADMINISTRATIVE

College Representative Signature: _____ Date: _____

ACADEMIC STANDARDS COMMITTEE DECISION

Academic Standards Committee Decision (circle one): APPROVED DENIED

Faculty Representative Signature: _____ Date: _____

*See appropriate student records system for additional information on decisions.