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| * This petition for reinstatement should be completed if you are applying to return to Ohio University immediately after dismissal (without an absence of one academic term or more, excluding summer) and must be submitted as follows:   + For fall and spring semesters: at least four weeks prior to the beginning of the term   + For summer semester: before the first day of summer semester * Petitions received late will be held for review the following academic term. * Submitting a Petition for Immediate Reinstatement is not a guarantee of reinstatement to Ohio University. * The Petition for Immediate Reinstatement should be legible, reflect an honest assessment of your strengths and challenges, and be completed with care and deliberation. * If you are off campus, you may mail your Petition for Reinstatement to the Center for International Studies, 118 Yamada International House, Athens, Ohio 45701; fax to (740)593-1837; or e-mail to [cutcher@ohio.edu](mailto:cutcher@ohio.edu). (Regional campus students please submit the petition to a student services advisor on your campus.) * **PLEASE NOTE:** This Petition for Immediate Reinstatement to Ohio University addresses only the possibility of reinstatement to the university and not the status of your financial aid. It is possible that your financial aid may be suspended even if you are reinstated to the university. You are strongly advised to contact the office of Student Financial Aid to determine your eligibility for financial aid. | | | | | | | | | | | | | | | | | |
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| Student’s Name | | | | | | | | | Date | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Current Home Address | | | | | | | | | Local Phone | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| OU Email Address | | | | | | | | |
|  | | | | | | | | |
| OHIO Campus Last Attended | | | | | | | | | PID Number | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Number of Hours Earned | | | | | | | | |  | | | | | | | | |
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| Campus you wish to attend (Regional campus students must provide a recommendation from a Student Services Advisor): | | | | | | | | | | | | | | | | | |
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| Reinstatement is requested for which semester: | | | | | | | | Year | | |  |  | | | | | |
| Semester (Select one) | | |  | | Fall | |  | | | Spring | | |  | | Summer | | |
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| **Please answer the following questions carefully.** | | | | | | | | | | | | | | | | | |
| 1. Describe the factors most responsible for your unsatisfactory academic performance? How did those factors affect your grades each term? | | | | | | | | | | | | | | | | | |
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| 1. What is different now? How can you be certain that the factors that previously affected your performance are no longer barriers to your academic success? Whenever possible, provide documentation to support your claims. | | | | | | | | | | | | | | | | | |
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| 1. Describe in detail the plan of action you will follow to ensure that your grades will improve when you return to school. Include a list of courses you plan to take and a reason for selecting each one, including retakes. | | | | | | | | | | | | | | | | | |
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| 1. Academic Habits when you were last in school: | | | | | | | | | | | | | | | | | |
| 1. How often did you miss class your last term of enrollment? | | | | | | | | | | | | | | | | | |
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| 1. How often were you late for class? | | | | | | | | | | | | | | | | | |
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| 1. What caused your tardiness or absence? | | | | | | | | | | | | | | | | | |
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| 1. How did you organize class notes and other materials such as syllabi, handouts, etc.? | | | | | | | | | | | | | | | | | |
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| 1. Describe how you studied, including: | | | | | | | | | | | | | | | | | |
| 1. When and where did you study? | | | | | | | | | | | | | | | | | |
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| 1. How long did you study each day? | | | | | | | | | | | | | | | | | |
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| 1. How far in advance did you begin preparing for papers, projects, assignments, and exams? | | | | | | | | | | | | | | | | | |
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| 1. Seeking Assistance | | | | | | | | | | | | | | | | | |
| 1. How many times in your last term did you meet with your professors? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. How many times in your last term did you meet with your academic advisor? | | | | | | | | | | | | | | | | | |
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| 1. During your last term of enrollment, indicate the number of hours spent weekly on each of the following: | | | | | | | | | | | | | | | | | |
|  | Your studies | | |  | | Extracurricular Activities | | | | | | | |  | | | Organization Activities |
|  | Employment | | |  | | Socializing (in person) | | | | | | | |  | | | Watching TV |
|  | Being tutored for courses | | |  | | Social media | | | | | | | |  | | | Surfing the Internet |
|  | Playing video games | | |  | | Sleeping | | | | | | | |  | | | Texting/telephone |
| 1. List courses in which you earned a B or better and explain what motivated you. Why was it possible to earn these grades? | | | | | | | | | | | | | | | | | |
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| 1. List courses in which you earned Ds or Fs and explain why you were unable to earn better grades. | | | | | | | | | | | | | | | | | |
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| 1. List non-academic areas, e.g., substance use, depression, etc., with which you have struggled, indicate how recently, and describe how you will ensure that these struggles will not affect your studies. | | | | | | | | | | | | | | | | | |
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| 1. Indicate academic areas, e.g., reading skills, study habits, etc., in which you believe you need assistance or have sought assistance. Please check all that apply. | | | | | | | | | | | | | | | | | |
| **Need Assistance** | | **Academic Area** | | | | | | | | | | | | | | **Sought Assistance** | |
|  | | Reading Skills | | | | | | | | | | | | | |  | |
|  | | Study Habits | | | | | | | | | | | | | |  | |
|  | | Math Skills | | | | | | | | | | | | | |  | |
|  | | Writing Skills | | | | | | | | | | | | | |  | |
|  | | Choosing a Major | | | | | | | | | | | | | |  | |
|  | | Motivation | | | | | | | | | | | | | |  | |
|  | | Self-Confidence | | | | | | | | | | | | | |  | |
|  | | Other (List) | | | | | | | | | | | | | |  | |
| 1. Other: | | | | | | | | | | | | | | | | | |
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