

D E N I S O N U N I V E R S I T Y

Petition for Reinstatement

**IMPORTANT: Students planning to seek reinstatement following academic suspension MUST contact the Registrar prior to completing a petition.**

Name \_\_\_\_\_ Class Year \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
\_\_\_\_\_ Advisor \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Attached please find my typed responses to each of the questions and items listed below. I realize that it is my responsibility to supply the Academic Standing Board with all pertinent information that may have contributed to my deficient academic performance. It is my understanding that the Board may inquire about my situation by talking with any individual the Board deems appropriate including the advisor, instructors, deans, student affairs personnel, and members of the counseling services staff.

Signature \_\_\_\_\_

1. What behaviors led to your deficient academic performance? Consider factors such as: study habits, class attendance, participation and engagement with material, test taking skills, paper writing skills, and relationship with professors.
2. When did you begin to recognize that you were having academic difficulties? What steps did you take to try to improve your situation (i.e. working closely with instructors; attending extra help workshops; employing tutors; taking advantage of rewriting or retesting opportunities; seeking help from student support services, learning resource center, writing center, the counseling center)? If you did not seek help, please explain what factors prohibited you from doing so.
3. Since your suspension, what actions have you undertaken to remedy the causes of your previous deficiencies and/or to overcome those deficiencies? Note well that the Academic Standing Board normally expects to see evidence that you are now capable of doing quality academic work and motivated to do so. Quality course work completed elsewhere since your suspension is the most valuable demonstration you can make.
4. Have changes in career goals and intended major occurred since your suspension? If so, please explain.
5. If reinstated, what specific new behaviors and actions would you undertake to enhance your academic performance? (Suggest concrete actions.)
6. Are there mitigating circumstances or other kinds of special information that the committee should consider in reviewing your petition?
7. Please indicate the names and positions of two persons you have asked to write letters of appraisal regarding your readiness to engage in quality academic work. At least one recommendation ought to be from a Denison professor or advisor. Ask your recommenders to mail their letters directly to the Registrar, Denison University.

The complete reinstatement petition must be returned at least four weeks prior to the beginning of the semester for which you are seeking reinstatement:

Yadi Collins, Registrar  
Registrar's Office  
Denison University  
P.O. Box 713  
Granville, OH 43023

**ACTION OF THE ACADEMIC STANDING BOARD:**

**Approved date** \_\_\_\_\_ **Denied date** \_\_\_\_\_ **Tabled date** \_\_\_\_\_

**Conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Points of Interest:**

**Signed for the Board** \_\_\_\_\_