

## UASH Petition for Reinstatement

Name: \_\_\_\_\_ UID: \_\_\_\_\_

Class Year: \_\_\_\_\_ Option: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Caltech Email: \_\_\_\_\_ Other Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ On Campus Residence: \_\_\_\_\_

### INSTRUCTIONS

1. Please read [UASH Handbook](#) before writing and submitting this petition.
2. All information provided on this form is PRIVATE and will only be shared with those who have a need to know. *If you are concerned about revealing deeply personal issues in your petition or to particular UASH members, please discuss methods for handling this with the Deans.*
3. If you plan to submit medical documentation, please use the [Provider Report Form](#).
4. 3. Your petition must be submitted to the Registrar's Office. Please check the UASH website at [www.registrar.caltech.edu/uash](http://www.registrar.caltech.edu/uash) for deadline to submit documents.

1. State the reason(s) that you are ineligible to register.  
(can be more than one)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Low GPA (under 1.9)     | <input type="checkbox"/> Under 108   |
| <input type="checkbox"/> Under 27 units          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Outstanding I's and E's |                                      |

2. Is this the first time that you have been ineligible?

Yes  No

If not, list the term(s) of prior ineligibility: \_\_\_\_\_

3. What factors led to your ineligibility? Please explain:  
(Attach a separate sheet of paper if necessary)



7. If there are any outstanding E's or I's remaining on your transcript, explain, for *each* of them, why you did not complete the E or I before petitioning UASH for Reinstatement. If you have completed your outstanding work and your new grade is not yet reflected on your transcript, be sure to include a signed note from the instructor of the course confirming that the work has been done and giving the appropriate grade. If you haven't finished, submit a note from the instructor saying what work remains outstanding.

8. List the course(s) you intend to take in the next three terms if you are reinstated:

| <b>This term</b>   |       | <b>Next term</b>   |       | <b>The next term</b> |       |
|--------------------|-------|--------------------|-------|----------------------|-------|
| Courses            | Units | Courses            | Units | Courses              | Units |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
|                    |       |                    |       |                      |       |
| <b>Total Units</b> |       | <b>Total Units</b> |       | <b>Total Units</b>   |       |

9. Please indicate if you will be including any of the following:

- Note from faculty about I's or E's
- Medical Documentation (use Provider Report Form)
- Additional Documents (please list):

PLEASE HAVE YOUR ADVISOR COMPLETE THE FOLLOWING:

1. I have spoken with \_\_\_\_\_ about this matter and I

do support their petition.

do not support their petition.

2. Please provide a reason for your recommendation and any other comments or helpful information (required)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
International Student Programs Signature  
(INTERNATIONAL STUDENTS ONLY)

\_\_\_\_\_  
Date