

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 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:

This term		Next term		The next term	
Courses	Units	Courses	Units	Courses	Units
Total Units		Total Units		Total Units	

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