

# Report on Reinstatement

(Incomplete forms will be returned)



iSIS Effective Date:(check and add year)  1/1 \_\_\_\_\_  5/1 \_\_\_\_\_  8/1 \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

iSIS ID \_\_\_\_\_ WID \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

Has been reinstated by the Academic Standards Committee for the \_\_\_\_\_ Term Year

Chair, Academic Standards Committee \_\_\_\_\_ College \_\_\_\_\_

## Change to:

\_\_\_\_\_ Program \_\_\_\_\_ Plan \_\_\_\_\_ Sub-Plan \_\_\_\_\_ Deg Code \_\_\_\_\_ Req Term \_\_\_\_\_ Print Advisor Name \_\_\_\_\_

## COMMENTS:

Original (White) – to Registrar's Office  
First Copy (Yellow) – to College Dean  
Second Copy (Blue) – Student copy

Sample: DO NOT USE!