

FORT HAYS STATE UNIVERSITY

Application for Academic Reinstatement

All communication regarding your academic appeal will be to the contact information indicated below.
PLEASE PRINT:

Last Name First Name FHSU ID Number

Mailing Address City State Zip Code

Home Telephone Number Cell Telephone Number E-mail Intended Major

When did you last attend FHSU? _____ Is this your first suspension from FHSU? ☐ Yes ☐ No

When do you wish to return to Fort Hays State University? ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

List institutions you have attended since you were suspended from FHSU:

Institution(s) Dates Attended

Checklist of information to provide with this appeal form (information will not be returned to applicant).
Application WILL NOT be reviewed if all information required is not provided.

☐ **Academic statement (required) – EACH** of the following questions must be answered in your **typewritten** statement attached with this application.

1. Please identify which of the following factors impacted your ability to succeed at FHSU (choose all that apply): **Social, Academic, Financial, Career/Major, Personal, Medical, Other.**
2. Explain the indicated factors in question one and how they lead to your academic suspension.
3. In what way were you responsible for your academic suspension? Explain.
4. If you were not enrolled at FHSU last semester, what have you been doing since your academic suspension that supports your request for reinstatement?
5. What plans do you have for both coursework and academic success if reinstated to FHSU?

☐ **Documentation to support appeal** - You may attach documentation (ie. medical, legal, academic) and/or letters of support from those who are familiar with your academic potential as appropriate. Letters **SHOULD NOT** come from family members. Documentation will not be returned.

☐ **Official Transcripts from each institution you have attended since being suspended from FHSU.**

Return this form and all documentation to the following address:

Mailing address
Academic Advising and Career Exploration
Center (AACE)
Fort Hays State University
600 Park Street, Hays, KS 67601

Hand delivery address
Academic Advising and Career Exploration
Center (AACE)
Fort Hays State University
311 Picken Hall, 701 Park St., Hays, KS 67601

■advising@fhsu.edu ■ Phone: (785) 628-5577 ■ Fax: (785) 628-4412

Submission of this application and academic statement states that you understand that your application will be considered on its own merits by the Academic Reinstatement Committee and that reinstatement is not automatic. Applications received after the filing deadline will not be considered until the following semester. This appeal **DOES NOT** include Financial Aid Appeal.

Signature

Date

OFFICE USE ONLY

Holds: Yes No If yes: specify type of hold: _____ Holds Released: Yes No
High School GPA: _____ ACT: _____ Cumulative GPA: _____ Window Admit: Yes No
Total # of hours attempted: _____ # of Institutions suspended: _____ Advisor: _____
Reason: Social_____ Academic_____ Financial_____ Career/Major_____ Personal_____ Medical_____ Other_____