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