

FORT HAYS STATE UNIVERSITY

Application for Academic Reinstatement

All communication regarding your academic appeal will be sent 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____

Did you take courses for college credit while in High School? Yes____ No____

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 **typed** 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 (**if Medical, must provide documentation**), Other.
 2. Explain the indicated factors in question one and how they led 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 have you done to prepare for a possible return to FHSU? Be specific.
 6. What plans do you have for both coursework and academic success if reinstated to FHSU?
 - a. What courses do you plan to take and how many hours if reinstated?
 - b. Do you have a job? If so, how many hours will you be working if reinstated?
- Students who are junior or senior status, passed 60 cumulative hours or more, must provide a Fort Hays State University Degree Summary.**
- Documentation to support appeal** - You should attach documentation (ie. medical, legal, academic) to support your appeal. Letters of support from those who are familiar with your academic potential will be accepted (instructors and advisors). Letters **SHOULD NOT** come from family members and personal friends. Documentation will not be returned.
- Official Transcripts from each institution you have attended must be on file at Fort Hays State University.**

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 _____

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) 628-4657

OFFICE USE ONLY

*** Other Holds: Yes No If Yes, specify type of hold(s): _____ Holds released: Yes No

of FHSU suspensions: _____ Course Type at time of last suspension: On-campus Virtual Both

Advisor: _____ High School GPA _____ ACT: _____ Window Admit: Yes(EX,EXP,EXS,EXT,RTN,ETP) No

Factor: Social _____ Academic _____ Financial _____ Career/Major _____ Personal _____ Medical _____ Other _____

*** Medical documentation required: Yes No If Yes, received: Yes No

Cumulative HRS attempted: _____ Cumulative GPA: _____ Cumulative HRS Passed: _____

*** FHSU Degree Summary required (Cumulative HRS Passed 60+): Yes No If Yes, received: Yes No