



**PETITION FOR REINSTATEMENT**  
The Ohio State University

Please answer all questions carefully and thoroughly. This petition will be evaluated as an academic assignment: presentation and clarity are important. When you are ready to turn in your petition, you should make an appointment with an academic counselor in the college to which you are applying for reinstatement, to review your request.

Deadlines for reinstatement petitions \* : **Autumn Semester**, June 1; **Spring Semester**, October 1; **Summer Term**, February 1. or \* the first business day following, if these dates fall on a weekend

You are responsible for turning in all requested materials (transcripts, reference letters, etc.) by the stated deadline. Incomplete petitions may be denied.

Name (list previous names if applicable)

OSU ID Number \_\_\_\_\_ Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Address for Reply \_\_\_\_\_

Term and Year of Dismissal \_\_\_\_\_ Hours earned at time of dismissal \_\_\_\_\_ Total Deficiency Points \_\_\_\_\_

Do you need OSU Financial aid? \_\_\_\_\_ Received petition from \_\_\_\_\_ on (date) \_\_\_\_\_

Term and Year for which you are seeking reinstatement \_\_\_\_\_ Proposed major \_\_\_\_\_

**Please answer the following residency questions:** Are you an independent student? **Y** or **N**

**If yes**, provide the dates during which you have lived in Ohio: from \_\_\_\_\_ to \_\_\_\_\_

**If no**, on whom are you dependent? (name) \_\_\_\_\_

Relationship to you (circle): Parent/Guardian Spouse Other

Dates this person has lived in Ohio: from \_\_\_\_\_ to \_\_\_\_\_ or Not Applicable

Address of this person \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

On separate pages, please answer the following questions. Develop your answers clearly and completely.

1. What behaviors and circumstances led to your academic dismissal?
2. What have you been doing during the time since your dismissal? How have these experiences changed the way you are likely to approach the responsibilities involved in being a student?
3. What changes have you made and what steps have you taken to ensure that the factors causing your earlier difficulties will not continue to cause you difficulties if you are reinstated? What proof can you offer that you are now likely to succeed?
4. How have you arrived at your choice of major? What will you do to succeed in the program you have chosen?
5. If you are reinstated, what courses do you hope to take during your first term back? List the courses and credit hours.
6. How much time do you plan to devote to attending classes and studying? Keep in mind the University's general rule for calculating the time needed for study—approximately two hours outside of class for every hour spent inside class, to earn a grade of "C." Reinstated students should not, of course, be planning to aim for all "C" grades.
7. In addition to the time you will devote to academic responsibilities, how many hours a week do you plan to be employed? How will you balance these responsibilities with the demands of being a successful student?

Along with your answers to these questions, please attach any relevant supporting documentation. Such materials might include evidence of earlier medical problems; evidence that earlier problems have now been resolved or stabilized; transcripts demonstrating successful course work at other academic institutions during your time away from Ohio State; letters from employers attesting to an extended record of reliable responsibility.

**Decision:** Granted \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_