



Office of Academic Affairs
315 Wigley Administration Center, Mankato, MN 56001
Application for Academic Reinstatement (due to Academic Suspension)

Check this box if you want to appeal a financial aid suspension. (A copy of this application will be forwarded to Financial Aid.)

Complete this form if you wish to appeal for academic reinstatement following academic suspension from Minnesota State University, Mankato. If approved, this reinstatement is effective for one semester with successive reinstatements based on continuing satisfactory completion of the reinstatement contract. **PLEASE NOTE: Incomplete applications will not be considered.**

| | | | |
|-------------------------|--|----------------|--|
| Name | | Tech ID | |
| Mailing Address | | Phone | |
| City, State, Zip | | | |
| Email Address | | | |

Have you been enrolled in any other school since your suspension from Minnesota State Mankato? Yes No

| | |
|--|---|
| Last term and year enrolled at Minnesota State Mankato | Term for which you wish to be reinstated (example: fall 2012) |
|--|---|

| | |
|--|--|
| Last term and year enrolled at a MnSCU Institution | |
| Name of Institution: | |
| Term (example: fall 2012) | |

| | |
|---|--|
| Other Institutions Attended (<u>Official Transcript Required</u>) | |
| Name of Institution: | |
| Term (example: fall 2012) | |

1. Have you not attended school for one full academic year or more? Yes No
 (If yes, than this completes your application process)

2. Are you appealing for immediate or early reinstatement due to extenuating circumstances? Yes No
 (If yes, then continue with the process below)

Letter of Appeal Attach a typed letter of appeal to the Academic Standing Committee, answering these questions:

- A. What extenuating circumstances led to your suspension?
- B. How are you planning to overcome these circumstances if allowed to continue at Minnesota State Mankato?

Required Support Documentation:

- A. Please provide direct evidence or records of these extenuating circumstances (major health problems, family emergencies, or unforeseen traumatic personal circumstances). Documents might include statements from health care providers, obituary notices, etc and must be attached to this application.
- B. Letter of recommendation that verifies the extenuating circumstances and/or your readiness to return successfully.

Deadlines:

| If out more than one (1) year, use these deadlines: | If extenuating circumstances apply, use these deadlines: |
|--|---|
| Last Monday in July for fall semester | Second Monday in June for fall semester |
| Last Monday in November for spring semester | Second Monday in October for spring semester |
| Last Monday in March for summer semester | Second Monday in February for summer semester |

The information included in this application is complete and correct, to the best of my knowledge.

Signature

Date