

Academic Suspension Reinstatement Form



Date: _____

Name: _____ ACTC ID#: _____

Student: Please answer the following questions and sign below.

1. Explain why you failed to obtain a cumulative 2.0 GPA for the past two semesters at ACTC.

2. What evidence do you have to indicate you can be successful at college level work?

3. What steps do you plan to take to be a successful student?

4. What is your career objective?

5. What semester are you applying for reinstatement? Fall _____ Spring _____ Summer _____

By signing this form, I understand, *if* my reinstatement is approved:

I will not be permitted to take more than 12 credit hours during the term of reinstatement.

I must obtain a current term GPA, of at least, 2.0.

Developmental courses do not count toward my GPA.

I will be academically re-suspended if I do not meet these stipulations, and will be required to sit out one full year.

My academic standing is separate from my financial aid standing.

Further communication will be sent to my KCTCS student email, which is active 24 hours after registration.

Student Signature: _____ Date: _____

The below portion should be completed by the Office of Admissions and Records

Student's last term of enrollment & cumulative GPA: _____

Appeal has been: Approved for _____ PRB2 indicator placed _____ Student has been registered _____

Appeal has been: Denied

Registrar's Signature: _____ Date: _____

Comments: _____

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Date: _____

Student's Name: _____ ACTC ID#: _____

Student's Advisor: _____

After consideration of this student's transcript and GPA, the Advisor recommends the following classes should be chosen and/or repeated for maximum benefit of the student.

Semester: _____

Recommended Course(s): _____ 5-digit Course Number: _____

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Recommended Course(s): _____ 5-digit Course Number: _____

Advisor Notes:

Advisor's Signature: _____ Date: _____

If my reinstatement is approved, I would like to be registered for the above courses.

Student's Signature: _____ Date: _____