APPLICATION FOR REINSTATEMENT
COLLEGE OF EDUCATION—UNIVERSITY OF KENTUCKY

NAME_____
LAST FIRST MIDDLE/MAIDEN

UK ID #_____ BIRTHDATE_____

E-MAIL ADDRESS_____ PHONE_____

ADDRESS_____
STREET CITY, STATE ZIP

Semester Applying For Readmission: _____
(Deadlines for reinstatement by the College of Education are, per Senate Regulations, May 15 for the ensuing Fall semester, and October 1 for the ensuing Spring and Summer semesters.)

UK College Where Enrolled When Suspended:_____
Date Suspended From University:_____
Was this a second suspension? Yes_____ No_____

List other institutions attended:_____
Were you suspended from the other institution(s)? Yes_____ No_____
Please attach to this form legible copies of any non-UK transcripts.

Use additional pages to state your reasons for failure to achieve satisfactory academic standing, and explain the factors you believe would contribute toward your scholastic success if reinstated. Why do you wish to enroll in the College of Education?

Student statement:

I fully understand the conditions of reinstatement and that failure to meet the requirements will result in a second and FINAL suspension at the University of Kentucky.

_____ _____
Student's signature **Date**

Do not write in this section.

ACTION OF THE DEAN
Reinstatement Approved_____ Disapproved_____

By _____
Margaret Rintamaa, Associate Dean