



**For Office Use Only**

\_\_\_\_\_ Do not reinstate

\_\_\_\_\_ Reinstate under the following conditions

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Required Actions

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\_\_\_\_\_  
\_\_\_\_\_

If reinstated, I understand and agree to honor the conditions of reinstatement above. I understand that failure to do so may revoke my option to enroll in future classes and require a meeting with my advisor and the Dean of Student Services.

\_\_\_\_\_  
Vice President of Student Services      Date

\_\_\_\_\_  
Student's Signature      Date

Hold removed \_\_\_\_\_ Transcript Comment Entered \_\_\_\_\_ Letter Sent \_\_\_\_\_