



Request for Undergraduate Reinstatement

Complete form and submit to the Advising/Student Services Office at the college/campus for which you are seeking reinstatement by the established deadlines by **July 15 for Fall Semester**, by **November 15 for Spring Semester**, and by **April 15 for Summer terms**.

Personal Information (Please print)

Complete Legal Name: (Last, First, Middle or Initial)		Former Name(s):	
(This reinstatement will be processed under your legal name at the time of last attendance.)			
Kent State ID Number (if known)		Social Security Number (if Kent State ID is unknown):	
Permanent Address:			
City:	State:	Zip:	County:
Telephone Number: ()	Email Address:		Date of Birth: MM/DD/YYYY
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide documentation of immigration status to the Office of Global Education. If no, are you a US Permanent Resident, refugee or on political asylum in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide documentation of legal status to the Office of Global Education.			
Ethnic Origin: The following information is used for reporting purposes only. What is your ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more race(s) to indicate what you consider yourself. <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native			

Residency Information – Note: This form will not be processed without residency information.

How long have you lived at the above address?	
If less than one year, list previous address(es) during the last twelve (12) months. 1) 2)	How long at this address? 1) 2)

University Information

Last term and year of attendance: _____ semester _____ year Term requesting reinstatement: _____ semester _____ year		Last KSU campus attended: <input type="checkbox"/> Ashtabula <input type="checkbox"/> Salem <input type="checkbox"/> East Liverpool <input type="checkbox"/> Stark <input type="checkbox"/> Geauga <input type="checkbox"/> Trumbull <input type="checkbox"/> Kent <input type="checkbox"/> Tuscarawas
If seeking reinstatement to the Kent Campus choose the College/School: <input type="checkbox"/> Aero. & Engineering <input type="checkbox"/> Business <input type="checkbox"/> Nursing <input type="checkbox"/> Arch & Env. Design <input type="checkbox"/> Comm. & Information <input type="checkbox"/> Public Health <input type="checkbox"/> The Arts <input type="checkbox"/> Ed, Health, & Human <input type="checkbox"/> University College <input type="checkbox"/> Arts & Sciences <input type="checkbox"/> Svcs		If seeking reinstatement to a Regional Campus choose the campus: <input type="checkbox"/> Ashtabula <input type="checkbox"/> Stark <input type="checkbox"/> East Liverpool <input type="checkbox"/> Trumbull <input type="checkbox"/> Geauga <input type="checkbox"/> Tuscarawas <input type="checkbox"/> Salem
What program would you like to be reinstated into?		

Veteran InformationAre you a Veteran? ☐ Yes ☐ NoIf yes, was your absence due to Military Service, either voluntary or involuntary? ☐ Yes ☐ No****If the answer to both of the above is "yes", contact the VA certifying official at your campus.*****Conviction Information**

Have you ever been convicted of a criminal offense or do you have charges pending against you at this time, other than a minor traffic violation?

☐ Yes ☐ NoHave you ever been dismissed, suspended or placed on probation by any other higher education institution for a **non-academic** reason?☐ Yes ☐ No***If the answer to either of the above is yes, a written Personal Explanation Statement must be submitted with this reinstatement request. This reinstatement will not be processed until your statement is received and reviewed to determine your eligibility for reinstatement to Kent State University. The printable form is located on the University Registrar website at www.kent.edu/registrar/student-requests-and-forms***Since your dismissal from Kent State University, have you attended any other college or university? ☐ Yes ☐ No

If so, please provide the following:

1. Institution:

Dates Attended:

2. Institution:

Dates Attended:

3. Institution:

Dates Attended:

In **order for your reinstatement request to be considered** transcripts and all support materials must be. Unofficial transcripts are permitted for the initial review. However, official transcripts must be submitted to the advising/student service office if reinstatement is granted.

By signing below, I attest to the fact that all information given on this application is complete and correct. Any omission or falsification can result in denial of reinstatement consideration. I also understand that if I am reinstated, I will be on academic probation until I have earned a 2.0 cumulative grade point average.

Printed Name: _____

Signature: _____ Date: _____

Office Use Only:

Dean or Dean's Designee:

Printed Name _____ Signature _____

Date _____ Student was dismissed at the end of _____ (term and year)

Reinstate student on probation effective _____ (term and year)

Program to be reinstated into:

College:

Degree:

Major:

Concentration:

Registrar's Office or Regional Campus Student Services Office Only:Processor Name: _____ Date: _____ Notified Bursar/Cashier's Office to assess fee ☐

College: _____ Major: _____ Concentration: _____

Please continue to Page 3- Supplemental Information.

Printed Student Name: _____ KSU ID _____

Supplemental Information Required for Reinstatement Consideration

1. What is your reason for requesting reinstatement to Kent State?
 2. Explain what factors led to your academic dismissal
 3. How do you plan to overcome these factors if you are reinstated?
 4. Describe what activities you have been engaged in during the period of dismissal (work, military service, attending another institution, self-improvement efforts, etc.)
 5. What major are you requesting reinstatement into?
 6. Were you employed during your last attendance at Kent State University?
☐ Yes ☐ No
 7. If yes, where and how many hours per week did you work?
 8. Do you plan to work upon your return?
☐ Yes ☐ No
 9. If yes, how many hours per week are you planning to work?
 10. Do you expect to receive financial aid, including student loans?
☐ Yes ☐ No
- ✓ **Please be aware you may be contacted by your college/campus for additional information or documentation.**
- ✓ **If your request for reinstatement is approved a non-refundable \$25.00 fee will be applied to your student account.**

Please sign below verifying you have completed this form to the best of your knowledge:

Student Signature: _____

Date: _____