Petition for Reinstatement
College of Engineering
The University of Texas, El Paso

Semester for Reinstatement

Student Name: ____________________________
ID# ____________________________
UTEP email: ____________________________
Cell Phone #: ____________________________

BE SURE TO DELETE THIS EXAMPLE

Use the reverse side of this form to briefly explain the reason you believe you should be reinstated. Please attach any documentation that supports your petition. Do not attach transcripts.

Approvals/Actions:
Approved____ Denied____

__________________________________________
Academic Advisor (Printed Name) Advisor’s Signature Date

Approved____ Denied____

__________________________________________
Department Chair (Printed Name) Chair’s Signature Date

Approved____ Denied____

Patricia A. Nava
Associate Dean of Engineering Signature Date

Conditions:
The student must enroll in at least ____ credit hours, but no more than ____ credit hours. Additionally, the student’s schedule must include the courses listed below or this reinstatement will be revoked and subsequent enrollment in the College of Engineering will be prohibited. No grades of “W” or “I” will be permitted in these courses without prior approval of the Dean of Engineering. NOTE: reinstatement will not be approved unless courses are listed below or an explanation of the strategy to improve performance is provided (in lieu of explicit courses).

_______________________ Repeat _______
_______________________ Repeat _______
_______________________ Repeat _______

Contract:
The student must achieve a SEMESTER GPA of at least 2.0 for the semester in which he/she is reinstated or he/she will not be eligible for reinstatement in the subsequent semester and must remain out of school for

One Semester_____ One Year____ Two Years_____ Other___________________

I understand and agree to the above terms for reinstatement.

__________________________________________
Student’s Signature Date

--- for Office use ONLY ---

SHEET: __ Fall 2015 ENTRY #: ____________________________ ENTERED BY: ____________________________ DATE: ____________________________

PROCESSED BY: ____________________________ DATE: ____________________________

Rev. 01/29/15