

COLFA EARLY REINSTATEMENT GUIDELINES

PLEASE READ THE INFORMATION BELOW VERY CAREFULLY AND FOLLOW ALL DIRECTIONS COMPLETELY
INCOMPLETE APPEALS WILL NOT BE ACCEPTED.

NO APPEALS FOR SPRING 2018 WILL BE ACCEPTED AFTER MONDAY, JANUARY 8, 2018.

This paperwork is intended ONLY for students who are appealing the length of their dismissal. If you have set out your required dismissal time,* you must complete your paperwork through the Office of Admissions by their deadlines.

1. Fill out the attached paperwork completely and legibly.
2. Attach a typed or handwritten letter (maximum of 1 page) in which you explain your circumstances. The circumstances should be **extenuating, temporary, non-academic and documented**. Also include what will be different this semester and what strategies you will use to be successful if you are approved for early reinstatement.
3. Attach a copy of your current UTSA transcript (unofficial copies are acceptable).
4. Attach a copy of your current degree plan (Degree Works).
5. Provide any documentation to verify your circumstances and/or strengthen your appeal. Packets will not be returned to you, so do not include the original copy of documents you will need for your files. Xerox copies are acceptable.

***REQUIRED DISMISSAL TIME FRAMES**

First dismissal – one semester

2nd or Multiple Dismissals – 3 consecutive semesters or one full academic year. The summer term is considered one semester.

APPEALS FOR SPRING 2018 MUST BE RETURNED NO LATER THAN MONDAY, JANUARY 8, 2018. NO APPEALS WILL BE ACCEPTED AFTER THAT DATE.

The University of Texas at San Antonio
College of Liberal and Fine Arts
WAIVER OF UNIVERSITY DISMISSAL REQUIREMENTS

Directions: Complete this Waiver by providing answers to all questions. PLEASE NOTE this Waiver is for ONE semester only.

Name: _____ Student ID @ _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Semester to be Reinstated: _____

Expected date of graduation: _____ Major: _____

Why do you believe the requested waiver is warranted? Provide any additional explanation(s) that may have a bearing on the decision regarding your request. (Please attach all documentation of extenuating circumstances.)

CONDITIONS FOR REINSTATEMENT: If reinstated, I agree to follow the reinstatement recommendations of the Reinstatement Committee. Any deviations must be approved by the Advisor and Associate Dean.

Student Signature: _____ **Date:** _____

This Waiver has been _____ Approved _____ with conditions _____ Disapproved

Dean Signature: _____ Date: _____

NOTE: Due to FERPA and the high volume of Petitions received, please DO NOT contact the COLFA Dean's office for a status update on your Appeal. You will be notified by email when a decision has been finalized.