

HONORS COLLEGE REINSTATEMENT FORM

You Must Complete All Information

Name: _____ SS#: _____

Address: _____

Date: _____ Phone: _____

Type of Reinstatement

Student Initiated

Staff Initiated

Reason for Reinstatement

Signature: _____

For Office Use Only

William F. Monroe, Associate Dean

Date

Andrew Curry, Coordinator, Academic Services

Date

Melanie Barr Fitzpatrick, Academic Advisor

Date

Priority List _____
Date

Database _____
Date

File _____
Date