

HONORS COLLEGE REINSTATEMENT FORM

Please Complete All Information

Name: _____ PeopleSoft ID: _____

Address: _____

Date: _____ Phone: _____

Email: _____ Cell: _____

Type of Reinstatement _____

Student Initiated

Staff Initiated

Reason for Reinstatement _____

Signature of person completing form: _____

For Office Use Only _____

Jodie Kőszegi, Assistant Dean

Date

Brenda Rhoden, Director, Student Affairs

Date

Andy Little, Coordinator of Academic Services

Date

Database _____

File _____

Priority List _____