



Academic Status Review Committee
c/o UACDC
200 McKenny Hall
Ypsilanti, Michigan 48197
reinstatement_requests@emich.edu

**Academic Reinstatement
Request Cover Form**
**Due by Friday, January 10, 2020
by 5pm for consideration**

Eastern Michigan University policy provides students an opportunity to file an appeal for reinstatement after being placed on dismissal status.

Requests for reinstatement *will be denied* if circumstances cannot be documented.

After reading through the entire cover sheet, students may submit a request by completing all of the following steps:

1. **Fill out the appeal cover form,**
2. **Write a statement explaining why request is being filed,**
3. **Attach supporting documentation that corroborates the statement,**
4. **Attach a copy of your unofficial transcript from your my.emich account.**

Written Statement:

Your statement should explain why you have filed this request. It should describe circumstances that occurred in the semester being appealed and focus on what your plan of action is for moving forward in your academic career. Please describe your plan for getting back on track academically. Please include approximate dates in your statement. You must clearly explain the extenuating circumstances that 1) prevented you from being successful in the semester and/or 2) why you believe your condition warrants reinstatement to EMU. Such circumstances could involve, but are not limited to, the following:

- Personal health issues
- Personal legal issues
- Family medical/legal issues
- Documented error by University personnel

Documentation:

Verifiable documentation must accompany each request. It must come from a source other than you or a family member and must serve to confirm the circumstances you have described in your statement. Documentation usually comes in the form of professional letters (signed and on letterhead) from a doctor, attorney, therapist, work supervisor, clergy, or EMU faculty/staff. Examples include:

- Medical documents (See Medical Condition Documentation form for required information. Students may use the form or provide a letter on official letterhead which contains all of this information.)
- Primary Caregiver documentation (letter from medical staff stating that you are the primary caregiver of a friend or family member, describes timeframe, and type of care provided)
- Funeral Documentation (Obituary, Death Certificate, Memorial Program)
- Life Change (Child's Birth, Housing Insecurity)
- Letters of Support (EMU Faculty/Staff)

Student Responsibility:

- Please note that the requirements for good academic standing are different from those used to determine Financial Aid eligibility (Please see emich.edu/financialaid).
- If your request is for the current semester, you should continue attending class after you submit your appeal, until a decision has been made. If you discontinue attending class and your request is approved, you may risk negative grade consequences, in accordance with attendance and final examination regulations.
- You are responsible for all charges assessed on your student account (ebill.emich.edu) while your appeal is pending. Filing an appeal does not relieve your current financial obligation to EMU. Late fees will accrue on outstanding balances. If your appeal is denied, your student account will be adjusted, but you will still owe non-refundable fees).
- Requests for academic reinstatement do not automatically result in reinstatement.
- If you do not request a reinstatement by the deadline of **Friday, January 10, 2020**, your dismissal will be upheld and you will not be allowed to register for Winter 2020 classes. Any Winter 2020 classes you are currently registered in will be dropped.
- All reinstatement requests must be in writing, accompanied by documentation. There are no exceptions to this process.
- All documents become the property of EMU and will not be returned or copied after submission. You should make copies for your personal use before submitting them to the committee.
- Personal interviews will not be considered and reinstatement request decisions are final.
- Notification of decisions will be sent to your my.emich.edu email account within one week of **Friday, January 10, 2020**.

Please submit completed appeals (form, statement, documentation and transcript) via mail or email:
Academic Status Review Committee
c/o UACDC
200 McKenny Hall
Ypsilanti, Michigan 48197
Email: reinstatement_requests@emich.edu



This cover sheet, your personal letter of explanation, ALL supporting documentation and your transcript must be received by 5p.m. Friday, January 10, 2020 or your request for reinstatement will not be considered for Winter 2020 enrollment.

Semester of Dismissal: _____ Semester wishing to return: _____

Last/First/Middle:	EID:
Date of Birth:	SSN: XXX-XXX-
Street/City/State/Zip:	
Current Phone Number:	Email Address: @emich.edu
Major:	Minor:

International Students Only:

Country of Citizenship _____ Visa Type _____

If you are interested in maintaining your F1 and/or J1 non-immigrant status, you must go to the Office of International Students & Scholars for approval prior to submitting this request.

OISS Staff Signature: _____ Date: _____

Residency for tuition purposes is based on your last residency status. If you believe your residency has changed since you last attended classes at EMU, you may submit a residency appeal form to Service EMU.

Have you served in the Armed Forces? Y/N ____ If yes, and you have been discharged from active duty, please send a copy of your separation record to EMU, Military & Veterans Resource Center, 202 Pierce Hall Ypsilanti, MI 48197 for evaluation of credit.

The following questions are being asked regarding prior criminal convictions and/or disciplinary history, and the information provided may be considered when making the decision as to whether to re-enroll the student to the University.

Question: Have you ever been convicted of a criminal offense other than a minor traffic violation, or found to be delinquent by a juvenile court, or are there any such charges currently pending against you at this time? Y/N ____

Question: Have you ever been expelled, suspended, placed on probation, or been subject to any other disciplinary action at any secondary school or college you have attended? (Academic dismissal/probation should not be reported.) Y/N ____

IF YOU ANSWER "YES" TO EITHER OF THESE QUESTIONS, PLEASE SUBMIT A STATEMENT OF EXPLANATION.

List names of all colleges or universities attended SINCE LEAVING EMU:

Attended: From: ____/____/____ TO: ____/____/____ Attended: From: ____/____/____ TO: ____/____/____

You must have an official transcript sent to the Office of Records and Registration by the end of your first semester of re-enrollment.

Have you ever graduated from EMU? Y/N ____ **Have you earned graduate credit at EMU?** Y/N ____

I certify that the information submitted in my Academic Reinstatement Request is complete and accurate, to the best of my knowledge. I understand that falsification of any information on this form or documentation will be considered a violation of the Community Responsibility Code and appropriate measures will be taken.

Student Signature _____ Date: _____

Your request for reinstatement will be evaluated *within the context of your overall academic record*. Your request normally should be based on specific and unusual circumstances.

Questions about Requests for Reinstatement may be directed to Reinstatement_Requests@emich.edu.



Academic Documentation Form

Check all items that contributed to your academic dismissal:

- Personal Illness or Medical Issue
- Courses were too difficult
- Lacked Study Skills
- Family Death
- Problems with your Personal Life
- Trouble with Time Management
- Trouble with Test Taking
- Work Conflicted
- Not Motivated to Study
- Not Committed to School
- Failed to Drop Classes Properly
- Trouble with Note Taking
- Other: _____

Student Support Services Used and Approximate Date of Contact (Please check *all* that apply):

- Financial Aid
Date: _____
- Veterans Resource Center
Date: _____
- Office of International Students and Scholars
Date: _____
- Academic Advising
Date: _____
- Holman Success Center
Date: _____
- Disability Resource Center
Date: _____
- Writing Center
Date: _____
- Academic Success Partnerships (ASP)
Date: _____

Academic Goals:

- What is your academic goal?** Upgrade Job Skills Bachelor's Degree/2nd degree
 Transfer to another Institution to Complete Degree

Do you have a job? Yes or No On Campus or Off Campus
 If Off Campus, Where? _____

If so, how many *hours* a week do you work? _____

Course Selection:

List below the course(s) you are currently enrolled in or would like to enroll in for the **Winter 2020** semester. Keep in mind that for every hour you spend in class, it requires at least 2 hours of study time outside of class.

COURSE	# CREDITS	REPEATING?
TOTAL CREDITS:		



Medical Documentation Form (To Be Completed if Citing a Medical Issue)

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to Reinstatement_Requests@emich.edu

EID #:	Name:
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Medical Information to be completed by provider

Instructions for medical/mental health provider: The student listed above has requested an academic exception from Eastern Michigan University due to a medical/mental health condition. Please provide detail about the impact of their medical or mental health condition for the indicated semester. In order to constitute a serious medical condition, a student must have been or will be unable to perform academically (attend class, study course content, take tests, write papers) for an extended period of time.

Brief summary of illness/condition: _____

Date of original diagnosis and most recent dates of treatment for this condition: _____

Is the condition considered (circle one): Chronic Episodic Acute

Was student hospitalized for this condition? If so, please provide dates. _____

What impact has the condition had on the student's academic performance and successful completion of the semester?

Does this condition have the ability to potentially impact this student's academic performance and successful completion of future semesters they register for? (circle one) Yes No

If yes, please articulate potential challenges to help us in identifying student support services and an academic success plan suited to their needs should their reinstatement request be approved: _____

Certification

The Academic Status Review Committee at Eastern Michigan University may contact the provider by telephone to verify any of the information that has been provided within this document.

Provider Signature

Printed Name of Provider

- Physician/Medical Professional (e.g. MD, DO) **or**
- Fully Licensed Mental Health Professional (e.g. Psychologist, Social Worker, Licensed Counselor)

Address

Date

City, State, Zip

Phone