



# Request for Reinstatement Following Academic Dismissal

**INSTRUCTIONS:** FAX, MAIL, EMAIL OR BRING TO:

**The Centers For Student Engagement And Academic Advisement**

**AUBURN CAMPUS:** 197 Franklin St., Auburn, NY 13021 Tel: (315) 294-8523 Fax: (315) 255-2117

**FULTON CAMPUS:** 11 River Glen Dr., Fulton, NY 13069 Tel: (315) 593-9394 Fax: (315) 592-2265

**EMAIL:** [studenteng@cayuga-cc.edu](mailto:studenteng@cayuga-cc.edu)

Today's Date -- C#  Campus:  Auburn  Fulton  Online

Student Name (the name on your Social Security card)

Last  First  MI

Date of Birth -- Other Name(s)

Daytime Phone -- Cell Phone --

E-Mail Address

Once you are assigned a Cayuga Community College e-mail address, all e-mails will be sent to that address.

**Permanent Address (Must be a valid street address; no P.O. Boxes or temporary college addresses)**

Number and Street  Apt. #

City  State  Zip Code  County

If your current New York State address is less than 12 months, have you resided in New York State for the last twelve months?  Yes  No

**1. What caused my past unsatisfactory academic performance:**

2. What is your action plan for the upcoming semester? Please list 3 steps that you will take to ensure success.

3. I wish to change my major.  Yes  No

4. I would like to be readmitted as of:  Fall 

2	0		
YEAR			

 Spring 

2	0		
YEAR			

 Summer 

2	0		
YEAR			

5. I wish to attend Cayuga:  Full-time  Part-Time

6. I would like to take classes primarily:  Days  Evenings  Online

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Action taken by the Academic Standing Committee		Credits Allowed
Readmitted full-time	<input type="checkbox"/>	_____
Readmitted part-time	<input type="checkbox"/>	_____
Appeal denied	<input type="checkbox"/>	_____
Conditions / stipulations:		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MEMBER OF ACADEMIC STANDING COMMITTEE