



University of Pittsburgh at Titusville

REQUEST FOR REINSTATEMENT FOLLOWING ACADEMIC SUSPENSION FORM

Current Name: _____
Last First Middle Initial

Name at Time of Suspension: _____
Last First Middle Initial

Permanent Address: _____
Street
City State Zip

Social Security Number (last four digits):

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Email Address: _____

Home Telephone : (_____) _____ Cell Phone: (_____) _____

Month/Year suspended (e.g., May 2010): _____

Did you take courses elsewhere while you were suspended? Yes No

Major when suspended: _____

Major (including Undeclared) you will pursue if reinstated: _____

In signing this form you acknowledge awareness of the policies of the Student Academic Guideline that state a second suspension will result in academic dismissal from the University.

Student Academic Guidelines can be found at: http://www.upt.pitt.edu/site/academics/aa_academic_guidelines.html

Signature _____

Date _____

Return to:

Office of Academic Affairs
University of Pittsburgh at Titusville
504 E. Main Street
Titusville, PA 16354