

# UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • 3211 Providence Drive • Anchorage, AK 99508 • Phone (907) 786-1480

Office Use Only

## Request for Reinstatement for Undergraduate Students

An academically disqualified undergraduate student may submit a request for reinstatement after not attending the University of Alaska Anchorage for one academic (fall or spring) semester. Submit this form to the Office of the Registrar at least 4 weeks prior to the first day of the semester for which a student wishes to be reinstated. A student will be reinstated into the program in which they were admitted at the time of disqualification. An academically disqualified student must be reinstated within two years of disqualification or they will need to reapply for admission.

If reinstatement is granted, the student will remain on probation and be required to meet with an advisor prior to registering for classes until their cumulative GPA is 2.0 or above. A reinstated student must achieve a semester GPA of 2.0 or above every semester. A reinstated student who does not achieve a semester GPA of 2.0 or above will again be disqualified and will not be allowed to attend UAA for one academic year.

Complete this form with your academic advisor. Once completed, please email the form to the Office of the Registrar at [uaa.records@alaska.edu](mailto:uaa.records@alaska.edu) for processing.

Name: \_\_\_\_\_ UA Student ID: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Semester of non-attendance:    Fall                      Spring                      Year: \_\_\_\_\_

Returning semester:            Fall                      Spring                      Summer                      Year: \_\_\_\_\_

I previously applied for reinstatement using this process.            Yes                      No

I would like to be reinstated into:

Major I was admitted into at the time I was academically disqualified

New major (include degree and major): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this student's reinstatement form and helped them develop a plan for academic success, to include the course(s) the student will register for in their returning semester.

Advisor Name (Printed): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_