**You have the right to petition for readmission after being placed on academic suspension.** You must complete this petition in its entirety in order to be considered for approval. Petitions should be submitted to the Records and Registration Office. **Petition results will be emailed to your BSU student e-mail address,** unless a different address is provided below. For financial aid reinstatement, please contact the Financial Aid Office.

**Step 1:** Complete the following boxes to identify your readmission petition type(s) & current academic information:

- Name: ___________________________________________  Student ID: ______________________
- Email Address: ____________________________________  Phone: ____________________________

**Complete ALL steps below and on reverse.**

**Step 1:** Complete the following boxes to identify your readmission petition type(s) & current academic information:

- Term last attended: __________________
- Term seeking readmission: ____________

- Current Housing Status:
  - Off Campus: _______  Residence Halls: _______
  - My current cumulative GPA is: _________
  - My current cumulative Completion Rate is: _______%
  - This is my first academic suspension  YES ___  NO ___
  - My program/major is: __________________________
  - Advisor: ____________________________________

**Step 2:** Suspended students may petition based on extenuating circumstances. In the box below indicate your extenuating circumstance(s). **Supporting documentation is highly recommended.** **NOTE:** Extenuating circumstances **DO NOT** include lack of funds, failure to understand or adhere to university policy, or dissatisfaction with an instructor or course.

I am petitioning based on (check ALL that apply; attaching appropriate supporting documentation will strengthen your request; examples of types of documentation are included below.)

- Personal physical health or mental health issue – (e.g. health providers’ statement written on official letterhead)
- Death of immediate family member – (e.g. obituary or funeral information)
- Call up for active military duty – (e.g. copy of official military orders)
- Family/Relationship crisis – (e.g. court or legal documentation)
- Disability issue not previously diagnosed or documented – (e.g. documentation from a certified disability specialist or medical doctor)
- Natural disaster, including flood, fire, or tornado – (e.g. insurance documentation)
- Job loss - (e.g. unemployment verification or employer termination letter)
- Recent academic success at another college or university – (e.g. transcript)
- Other ____________________________________________________________________________

**Step 3:** Fill out the following information. The items checked in this section should be addressed in Step 4.
Step 4: Attach to this petition form, a well thought out, detailed letter explaining:
1. Your extenuating circumstances and how those circumstances affected your progress. Be sure to address your progress in all terms where your progress was not satisfactory; and
2. Your plans to achieve academic success.
3. All petitions must **include an Academic Plan**. Your academic plan requires you to:
   a. earn a minimum 2.25 GPA during this term and each subsequent term until you reach/exceed a cumulative GPA of 2.00; and
   b. complete 100% of classes registered for this term and each subsequent term until you reach/exceed a cumulative completion rate of 66.67% (grades of W, F, NC, I, Z and IP are NOT completed classes).
   If this is not your first suspension, specifically address why you were not able to meet the academic plan that you committed to in your last appeal.

Step 5: By signing below I certify that my petition is truthful and complete, and if approved, I will adhere to the final Academic Plan. I understand the above Academic Plan may be modified during my petition’s review.

Student Signature: ____________________________________________ Date: ________________

**Step 6 (Optional) Signature of support:** By signing below I certify that I have met with this student and support their request for readmission.

Signature: ____________________________________________ Date: ________________

Name: ____________________________________________ Title: ____________________________

SPA Committee Action Comments: ____Approved ____Denied Referred to: ____________________________