Petition for Reinstatement
College of Engineering
The University of Texas, El Paso

Semester for Reinstatement

Major (check one):
- ☑ PreEngineering (PREE)
- ☐ **Civil Engineering (CE)**
- ☐ **Computer Science (CS)**
- ☐ **Electrical & Computer Engineering (EE)**
- ☐ **Industrial Engineering (IE)**
- ☐ **Mechanical Engineering (MECH)**
- ☐ **Metallurgical & Materials Engineering (MME)**

Student Name:	
ID#	
UTEP email:	
Cell Phone #:	
BE SURE TO DELETE THIS EXAMPLE	

Use the reverse side of this form to briefly explain the reason you believe you should be reinstated. Please attach any documentation that supports your petition. **Do not attach transcripts.**

Approvals/Actions:

Approved_____ Denied_____

_____   _____   _____
    Academic Advisor (Printed Name)   **Advisor's Signature**   **Date**

Approved_____ Denied_____

_____   _____   _____
    Department Chair (Printed Name)   **Chair's Signature**   **Date**

Approved_____ Denied_____

_____Patricia A. Nava_____   _____   _____
    Associate Dean of Engineering   **Signature**   **Date**

Conditions:

The student must enroll in at least _____ credit hours, but no more than _____ credit hours. Additionally, the student's schedule must include the courses listed below or this reinstatement will be revoked and subsequent enrollment in the College of Engineering will be prohibited. No grades of "W" or "I" will be permitted in these courses without prior approval of the Dean of Engineering. *NOTE: reinstatement will not be approved unless courses are listed below <u>or</u> an explanation of the strategy to improve performance is provided (in lieu of explicit courses).*

_____**Repat** _____   _____**Repeat** _____   _____**Repeat** _____

_____**Repat** _____   _____**Repeat** _____   _____**Repeat** _____

Contract:

The student must achieve a SEMESTER GPA of at least 2.0 for the semester in which he/she is reinstated or he/she will not be eligible for reinstatement in the subsequent semester and must remain out of school for

One Semester_____   One Year_____   Two Years_____   Other_____

I understand and agree to the above terms for reinstatement.

_____   _____
    Student's Signature   **Date**