

## APPLICATION FOR REINSTATEMENT

Please complete this application thoroughly and thoughtfully. Complete the Personal Statement on a separate sheet. Your responses are a significant factor in considering your application for reinstatement.

Term for Reinstatement:      Fall          Spring          Summer   

Legal Name: \_\_\_\_\_ WSU ID Number: \_\_\_\_\_  
Last, First, Middle

Present Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_  
No. Street, City, State, Zip

E-Mail Address: \_\_\_\_\_

I want to attend WSU:      Pullman          Tri Cities          Vancouver          Distance Degree Program   

What is your proposed major? \_\_\_\_\_ Does this reflect a change? \_\_\_\_\_

Name of your academic advisor: \_\_\_\_\_

### PERSONAL STATEMENT (Required for Reinstatement)

Your personal statement is crucial in considering your application for reinstatement to the University. Without a complete and thorough personal statement, it will not be possible to give your application thoughtful consideration.

Please respond to each of the following on a separate sheet.

1. Explain your reasons for earning a deficient grade point average during your last enrollment at WSU. Be specific and provide details and documentation in your explanation. Your statement should include, but not be limited to, the following information: attendance/class participation, amount of study time, commitment, motivation, involvement with advisor and instructors. What obligations did you have during the previous semester that impacted your grades?
2. Describe how the situation that created your deficiency has changed and what you have learned to prevent the recurrence of a deficient grade point average for the next semester.
3. Why do you think you can successfully complete the WSU requirements in your proposed major?
4. In what kinds of extra-curricular activities did you participate during the previous semester?
5. What other obligations did you have during the previous semester?

#### Reinstatement Application Processing Fee

I understand the reinstatement processing fee will be charged to my WSU student account. By signing this application for reinstatement, I am agreeing to pay the nonrefundable SALC Reinstatement Application Processing Fee (\$50.00, 1<sup>st</sup> time deficient; \$75.00, two or more times deficient).

I certify that the information provided on this application is true and accurate.

I authorize WSU to communicate with me through e-mail regarding this reinstatement.

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