

New Jersey City University
Division of Student Affairs
Office of the Dean of Students
Gilligan Student Union,
201-200-3525 ~ 201-200-3583 (fax)
APPLICATION FOR REINSTATEMENT

This application is intended for students who have been academically suspended and have not been enrolled at the university for at least one academic year (two academic semesters, not including winter summer sessions). If approved, this reinstatement is effective for academic year. Its subsequent renewal will depend upon the successful completion of the term in accordance with the University's academic standards. A reinstated student who fails to meet the academic standards will be dismissed for a final time.

Please note: Reinstated students may have a limit placed on their approved credits and/or may be required to retake specific courses appropriate to their majors.

REINSTATEMENT APPLICATIONS ARE ACCEPTED BY NOVEMBER 1ST FOR THE SPRING SEMESTER AND BY JULY 1ST FOR THE FALL SEMESTER. PLEASE NOTE: REINSTATEMENTS ARE NOT ACCEPTED FOR SUMMER SESSION.

Name:	Gothic ID#:	
Address:		
Home Phone #:	Cell Phone #:	Email:
Semester and last year of enrollment:		
Semester and date of suspension:		
Current Cumulative Grade Point Average:		
Academic Advisor:		

1. Is this your first suspension from New Jersey City University? Yes _____ No _____
2. What was your major when you were suspended? _____
3. If reinstated, what will be your field of study? _____
4. If different, explain change: _____
5. Have you attended any other institutions since your suspension from NJCU? Yes _____ No _____

If yes, please specify the institutions/programs and the dates attended in the table below. Please ensure that related transcripts are forwarded to the Office of the Dean of Students.

Institution/Program	Dates Attended	Degree/Certificate

If reinstated, when do you plan to re-enter the University?

Fall/Yr. _____ Spring/Yr. _____

Full-Time _____

Part-Time _____

List the courses (course number, title and credits) that you would like to take should you be reinstated.

Course Number	Course Title	Number of Credits
1.		
2.		
3.		
4.		

Please type your responses to the following questions/statements on a separate sheet of paper and attach to this application.

1. Explain in detail why your grade point average fell below the acceptable academic standard. Include relevant health issues and/or academic and personal problems that prevented you from being successful. Please attach all related and necessary documentation.
2. What have you been doing since your suspension that supports your request for reinstatement?
3. What plans do you have for academic success if allowed to continue at New Jersey City University?

I hereby certify that I understand the provisions of the regulations with regard to the academic standards policy and suspension as stated on the reverse side of this form. I will follow my academic reinstatement agreement to improve my academic performance.

Print or type name: _____

Signature/Date: _____

Administrative Review

Transcript Attached

Readmission Approved

Readmission for _____ Semester

Readmission Denied

Comments:

Staff Signature/Date: _____

