

**TIME SENSITIVE! REFER TO THE REGISTRAR'S COMMUNICATION TO YOU FOR DUE DATE.**

Email form to student-records@fit.edu. Any Financial Aid correspondence will be sent to you separately. **Your appeal will be evaluated by the Academic Standing Committee.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Student ID no. \_\_\_\_\_ Phone number \_\_\_\_\_ Florida Tech email \_\_\_\_\_

Term to be reinstated: Semester/term \_\_\_\_\_ Academic year \_\_\_\_\_

Current major/code \_\_\_\_\_ Do you plan to change your major?  Yes  No If yes, new major/code \_\_\_\_\_  
(May be left blank)

Describe any obstacles that may have contributed to your dismissal and the actions you have taken to reduce them. Be as specific and detailed as possible. Please use the second (blank) page, if you need additional space.

Describe your plans to improve your academic performance. Please use the second (blank) page, if you need additional space.

**Submit this form with any accompanying documentation that supports your request for reinstatement.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
(By typing my name above, I am electronically signing this form.)

Please use this space for additional information.

A large, empty rectangular box with a thin black border, intended for providing additional information.