

**REQUEST FOR REINSTATEMENT FROM SUSPENSION
DEPARTMENT OF NUTRITION & DIETETICS
BROOKS COLLEGE OF HEALTH**

Students, please take sufficient time to reflect upon the actions or circumstances that led to your Suspension status, prior to completing this form. All information requested below must have supporting documentation provided. Failure to do so will result in an automatic denial of the request for reinstatement from Suspension.

Instructions:

- This form should be completed no earlier than four weeks following the date of E-mail notification of suspension. You will be notified of receipt of your form via E-mail (UNF Student Account).

- The form should be submitted to:

Dr. Catherine Christie
Chair, Department of Nutrition & Dietetics
at c.christie@unf.edu

- Submission of this form is the only avenue to request reinstatement from suspension. Decisions about requests will be communicated through your UNF Student E-mail account and via U.S. mail. Other contact (E-mail, phone, or visit) with the BCH Advising Office, the Department of Nutrition & Dietetics, or the program leader will not facilitate your request for reinstatement or result in an earlier decision.

(Print or type)

Student Name: _____

N #: _____ Semester of Suspension: _____

Major and/or Concentration: _____

Status (Undergraduate/Graduate): _____

Date of E-mail (Notifying you of Suspension Status): _____

*Hours Completed at UNF: _____ *UNF GPA: _____

* Semester(s) on Probation (List): _____

**This information can be found in My Wings under Student Records / Academic Transcript)*

(1). List your reasons for the poor academic performance that caused you to be placed on probation and ultimately suspension.

(2). List below what specific actions will take to improve your grades if you are reinstated from the Suspension status.

(3). How does your major in the Department of Nutrition & Dietetics apply to your career goals?

Printed Name Date

Student Signature Date

(To Be Completed by BCH Officials)

_____ Approve

_____ Disapprove

Undergraduate Program Director:

Printed Name

Signature Date

_____ Approve

_____ Disapprove

Department Chair:

Printed Name

Signature Date