

**REQUEST FOR REINSTATEMENT FROM SUSPENSION  
DEPARTMENT OF PUBLIC HEALTH  
BROOKS COLLEGE OF HEALTH**

Please take sufficient time to reflect upon your actions/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. JoAnn Nolin  
Chair, Department of Public Health  
at [jnolin@unf.edu](mailto:jnolin@unf.edu)
  
- Decisions about requests will be communicated through your UNF Student E-mail account and via U.S. mail. Contact (E-mail, phone, or visit) with the BCH Advising Office, the Department of Public Health, or the program leader other than submission of this form will not facilitate your request for reinstatement or result in an earlier decision.

Name:(Print or type)

\_\_\_\_\_

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 actions related to the improvement of your grades that you will accomplish if reinstated from the Suspension status.

(3). How does your major in the Department of Public Health apply to your career goals?

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Student Signature Date

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(To Be Completed by BCH Officials)

\_\_\_\_\_ Approve

\_\_\_\_\_ Disapprove

Program Director:

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_ Approve

\_\_\_\_\_ Disapprove

Department Chair:

\_\_\_\_\_  
Printed Name

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