



Reinstatement for Academically Disqualified Students

I have completed the requirements for reinstatement if ALL conditions below are met:

(All requirements must be completed within one year of disqualification.)

The term/ year I was disqualified: _____

1. I have improved both my SF State and overall GPA to the **minimum 2.0**

My SFSU GPA is: _____ My cumulative GPA is: _____

2. I have made these improvements by: (check all that apply)

- Attending classes through CEL Open University Program.
- Successfully withdrawing from a class or term.

Indicate term(s): _____

- Approved grade change.

Indicate term(s): _____

3. Term/year I am requesting reinstatement: _____

Print Name: _____ Student ID # _____ Signature _____

SFSU E-mail: _____ Phone Number _____ Date: _____

Complete and submit your Reinstatement Form to:
Registrar's Office
One Stop Student Service Center, 1st floor
Student Services Building

For office use only

Term/Year _____ Approved Pending Denied Date _____

Action taken by: _____

Notes: _____