

Pending

Reinstatement Appeal Form For instructions visit boisestate.edu/registrar/student-forms/reinstatement-appeal-plan-of-study

USE BLACK OR DARK BLUE INK ONLY 1. Student Information

	First Name	M.I	Last Nam	е		Student ID number (d	or SSN if unknown)	
	Mailing Address (note: this address will be used to update			our records)	City	State	ZIP	
	Daytime Phone Number	Broncom	ail or Prefer	red Email Address Student Athlete Stu (Please check all the bo		Expected Graduation Date udent Housing Eligible Veteran exes above that apply)		
	Declared Major	Internation	al Student					
	Immediate Reinstateme most recent semester/term • Attach Plan of Study with							
	Early Reinstatement - Dyear, requesting to return orAttach Plan of Study with respect to the point of the poi	ne semester earl	У					
2.	Semester and Year (check on	e, enter the year) Fall		Spring	Summer		
3.	Attach your typewritten re	tach your typewritten request with justification and documentation to this cover sheet.						
	Check the following documents that are included with your appeal:							
	Student Letter (required) Plan of Study Police Reco Medical Records/Report Support Letters Military Orders Obituary/F Police Reco Telephone			rds				
	ave read the appeals information an nited to one typed page), Plan of St					attached my letter of	f explanation	
	Student Signature (required)				Date			
	Important: make a copy for your records							
	Registrar's Use Only							
	Contact made or comments:							

Denied

No Action Taken

DOS Referral

Approved