

# Petition for Reinstatement

## College of Health and Human Sciences

To petition for reinstatement to the Robbins College of Health and Human Sciences, you must complete the following steps in the order they are listed by the deadline indicated in the email. **Please make sure all your immunizations are up-to-date prior to the first day of class.**

1. **Reactivation Application**—Submit your Reactivation Application before the deadline for the semester in which you intend to enroll: [registrar.web.baylor.edu/enrollment-registration/returning-student-reactivation](http://registrar.web.baylor.edu/enrollment-registration/returning-student-reactivation)
2. **Academic Action Plan**— Contact the Center for Academic Success & Engagement (CASE) to make an “Academic Action Plan.” CASE is located in the Paul L. Foster Success Center in the Sid Richardson Building. Please call 254-710-8696 to schedule an appointment.
3. **Career Exploration**– Schedule an appointment with the Career Center office in the Paul L. Foster Success Center to begin the process of learning your strengths, values, interests, and skills and how they relate to majors and careers. Call 251-710-3771 to make an appointment.
4. **Personal Letter**-- Prepare a typed letter to Dr. Nicole McAninch, Robbins College Associate Dean for Undergraduate Studies & International Studies, explaining:
  - What factors, including academic, personal, etc., contributed to your academic difficulties during previous semesters;
  - How you plan to address these difficulties in the future if you should be reinstated; and
  - How your strengths, values, interests, etc. identified through career exploration that will help you accomplish your ultimate professional goals.
5. **Return the following three items by e-mail** to RCHHS\_ASSOC\_DEAN@baylor.edu:
  - **Academic Action Plan**
  - **Your personal letter**
  - **This Petition for Reinstatement form filled out**

ID# \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Please Print)

Local Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Semester requesting reinstatement: Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
(Fall, Spring, Summer)

Last semester you attended Baylor: Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
(Fall, Spring, Summer)

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Dean's Office: \_\_\_\_\_ Comments: \_\_\_\_\_

[ ] Approved Date \_\_\_\_\_

[ ] Not Approved Date \_\_\_\_\_

Signature: \_\_\_\_\_