

# 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 before the first class day of the semester in which you intend to enroll. It is strongly recommended, however, that you complete these items at least 2-3 weeks before the semester begins. **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. The application can be found here: <https://www.baylor.edu/registrar/index.php?id=946076>
2. **Academic Action Plan**— Contact Academic Support Programs (ASP) to make an “Academic Action Plan.” Academic Support Programs 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 Career and Professional Development (CPD) office to begin the process of learning your strengths, values, interests, and skills and how they relate to majors and careers. CPD is also located in the Paul L. Foster Success Center. Call 251-710 –3771 to make an appointment.
4. **Personal Letter**-- Prepare a typed letter to Dr. Michaela Ritter, Associate Dean for Undergraduate Studies & International Studies, Robbins College, explaining:
  - Why you failed to achieve your academic goals during previous terms;
  - What personal factors, if any, contributed to your academic difficulties;
  - How you plan to address these difficulties in the future if you should be reinstated; and
  - How your strengths, values, interests, etc. you learned in Career Counseling will help you accomplish your ultimate career goal.
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)

---

Dean’s Office: \_\_\_\_\_ Comments: \_\_\_\_\_

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

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

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