



## REINSTATEMENT PETITION

**POLICY:** A student who does not meet Satisfactory Academic Progress (SAP) at the end of the Academic and Financial Aid Warning period will no longer be eligible to receive federal financial aid without a successful appeal. The student must successfully appeal in order to be placed in Academic and Financial Aid Probation status. A student must submit the **Reinstatement Petition** including supporting documentation to the Office of the Registrar immediately following email notification. The Reinstatement Petition must be based on extenuating circumstances.

The Reinstatement Petition will be reviewed by the academic department. The petition will either be approved or denied. The Office of the Registrar will notify the student of the academic department's decision. A student whose Reinstatement Petition is denied or who fails to petition for reinstatement will be dismissed from The Chicago School by the Add/Drop deadline. See The Chicago School Student Handbook for the [Satisfactory Academic Progress](#) policy.

**INSTRUCTIONS:** Complete this petition in its entirety, sign and submit it to the Office of the Registrar along with supporting documentation immediately following email notification.

Email: [TCSPPRegistrar@thechicagoschool.edu](mailto:TCSPPRegistrar@thechicagoschool.edu) or Fax: 312.757.7013

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

SCHOOL E-MAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_ HOME CAMPUS: \_\_\_\_\_

TERM/SEMESTER/YEAR: \_\_\_\_\_ DEGREE LEVEL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

E-MAIL (other): \_\_\_\_\_ INTERNATIONAL STUDENT:  YES  NO VETERAN STUDENT:  YES  NO

Is this the first time you have petitioned for reinstatement:  Yes  No

**Use additional sheet if necessary**

Explain the circumstances that resulted in being placed on Financial Aid Probation (Academic Probation)	
What changes will be made that will ensure future success?	
What additional support is in place now?	
Additional relevant information	

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

**I – Registrar Review**

Current Term/Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Pace: \_\_\_\_\_ % # of Term/Semester Needed to Meet SAP: \_\_\_\_\_

GPA/Grades Needed to Meet SAP: \_\_\_\_\_ Credits Needed to Meet SAP: \_\_\_\_\_ Petition Status:  Approved  Denied

Requirements for SAP Plan: \_\_\_\_\_

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

Date: \_\_\_\_\_

**II – Academic Department Review**

Approved  Denied Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

**III – Financial Aid Review:**

Approved  Denied Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_