REQUEST FOR ACADEMIC REINSTATEMENT/SUSPENSION REMOVAL
Office of the University Registrar
University of South Carolina
Columbia, SC 29208-0001

Name ____________________________________________

(Last) (First) (Middle)

Student ID ___________ ___________ ___________ Campus/School __________________________

This student was suspended at the end of __________________________ semester.

Please remove the student from suspension effective __________________________ semester.

Check one of the following reasons:

☐ SUSPENSION SERVED

☐ PETITION TO RETURN FROM INDEFINITE SUSPENSION (ATTACH PETITION)

☐ PETITION TO RETURN BEFORE SERVING SUSPENSION (ATTACH PETITION)

☐ SUSPENSION REMOVED BY MAKE-UP OR GRADE CHANGE

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Old Grade</th>
<th>New Grade</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________
Dean’s Signature

__________________________
Date

AS-82 (Rev 6-01)