

**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

Course	Hours	Old Grade	New Grade	Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date