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

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Dean’s Signature  ________________________________
Date

AS-82 (Rev 6-01)