Request for Reinstatement Form

Instructions
Complete and submit the Request for Reinstatement Form and a written Petition Letter that serve as the formal request to the WSU School of Social Work for Reinstatement to the BSW and MSW programs when a student has received a letter of termination from a program.

Submission Deadlines: Request for reinstatement should be made as soon as possible but not later than two (2) weeks after commencement of classes of the next semester following termination. Submission of the Request for Reinstatement Form and the Petition Letter do not guarantee reinstatement for the next semester following termination. (Please carefully review SSW Reinstatement Policy and Procedures for additional information.)

Student Name: _______________________________ ID#: __________________
Phone: ( ) - __________________________ Email: ________________________________
Academic Advisor ________________________________
Social Work Program (BSW/MSW/PhD/Certificate): ________________________________

Reinstatement Request Instructions
1. Complete and sign the Request for Reinstatement Form
2. The written Petition Letter should specifically address each of the following:
   a. An explicit statement of the circumstances which led to termination from the program including any supplemental/supporting documentation
   b. An explanation of how the problem areas or academic deficiencies, which resulted in termination, have been addressed. Include any supplemental/supporting documentation
   c. A detailed plan for continued remediation or problem solving of the circumstances that led to termination if granted reinstatement into the program.
3. Submit the above materials to:
   Dean Cheryl E, Waites, EdD, MSW
   C/O Marilynn Knall
   4756 Cass Avenue
   Thompson Home
   Detroit, MI 48202

______________________________________________________________________________________________
Student Signature ___________________________ Date __________________

For Official Use Only
Date Received by Dean: ______/______/________
Date of Recommendation of Reinstatement Advisory Committee _____/_____/_____
Final Decision: ______________________________________________________
Date Student Notified: _______/_____/________
SSW Personnel Signature: __________________________; Date______/_____/____