
COPPIN STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS
2500 W. North Avenue
Baltimore, MD 21216
(410) 951-6100 ♦ FAX (410) 400-5978

Application for Reinstatement

Student Name _____

Student ID # _____

INSTRUCTIONS:

Complete this form by indicating the reason you were dismissed as well as the reason you should be considered for re-admission (select all that apply). In addition to this form, attach a copy of your unofficial transcript and a letter explaining why you should be reinstated. Submit all the required information to the STAR Office in a sealed envelope by September 15th for Spring semester consideration or by February 15th for Fall semester consideration.

Request Reinstatement:

- Helene Fuld School of Nursing School of Allied Health
 HIM

REASON FOR DISMISSAL

- I have failed two (2) or more courses in the curriculum. This may include science, math, and/or social science courses. (Identify courses):

Course: _____	Semester/Year: _____
Course: _____	Semester/Year: _____
Course: _____	Semester/Year: _____

- My cumulative GPA fell below a 2.50 for three (3) consecutive semesters.

Semester/Year: _____
Semester/Year: _____
Semester/Year: _____

- Breach in Academic Integrity

CONSIDERATIONS FOR REINSTATEMENT

- I have been out of the program for less than one year
Semester/Year enrollment ended: _____

- I have only been dismissed **ONCE**

- I acknowledge I currently have a 2.50 cumulative GPA

- I acknowledge I am **NOT** requesting to take any one course in the curriculum more than twice

- A copy of my transcript is attached

All boxes must be checked to submit this packet. Incomplete packets will not be evaluated.

Signature

Student ID#

Date