



# Request for Reinstatement Following Academic Dismissal

### Instructions:

Print out and complete both sides. Sign and date the form, then fax, mail, or bring it to the College:

#### By mail or in person:

Cayuga Community College  
Office of Academic Programs, Room M-254  
197 Franklin Street, Auburn NY 13021

Cayuga Community College  
Fulton Campus Main Office  
806 West Broadway, Fulton NY 13069

**By Fax:** 315-253-7401

<b>Name</b>					
Last:	<input type="text"/>	First:	<input type="text"/>	MI:	<input type="text"/>
Student ID Number:	<input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		
Number and Street:	<input type="text"/>			Apt. #	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/> <input type="text"/>	Zip Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Work Phone:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

1. What caused my past unsatisfactory academic performance:

2. What is your action plan for the upcoming semester? Please list 3 steps that you will take to ensure success.

