ACADEMIC REVIEW BOARD
DATE:________________

STUDENT PETITION FOR REINSTATEMENT

According to Bradley University regulations, any student dismissed for inadequate grade point average has the right to appeal to the Academic Review Board for reinstatement to the university. Ordinarily, a student should not anticipate reinstatement until after one full regular semester has intervened.

To petition for reinstatement you must complete the following:

1. Complete this form and accompany it with a typewritten letter of appeal. The letter should contain all pertinent facts and supporting evidence. It should also address three specific issues.
   A. Provide an explanation for your inadequate grade point average.
   B. Give a rationale or plan of action for future academic success.
   C. Outline the college and courses that you are currently taking.

2. Deliver the accompanying Department Review form to your academic advisor or the Chair of your major’s department.

3. The Petition Form, Departmental Review Form, and letter of appeal are your responsibility and must be returned to:

   ACADEMIC REVIEW BOARD
   Dr. Kevin Swafford, Chairperson, OR
   Amy Summers, Academic Coordinator
   Bradley University, 1501 W. Bradley, Bradley Hall 200
   Peoria, IL 61625
   Phone: (309) 677-2384 • asummers@fsmail.bradley.edu

Complete the following questions (please print or type).

1. Name:__________________________________________________________Bradley ID#:_____________________

2. Date dismissed:_______________________________________________Total # of hours earned:_______________

3. College or school:_______________________________________________Major field:_______________________

4. Do you plan to change your major?    Yes_______  No_______
   If yes, to what major?_____________________________________________________________________________

5. Classification (Circle)   Freshman   Sophomore   Junior   Senior

6. Academic Advisor’s name:_________________________________________________________________________

7. Taken classes elsewhere since being DISMISSED FROM BRADLEY? Yes____   No____
   Where:________________________________________________________________________________________

8. Address to which answer is to be mailed?_____________________________________________________________
   _____________________________________________________________________________________________

9. Telephone number:__________________________________________ Indicate if you wish to be called collect:   Yes   No

10. This petition requests reinstatement as a _____full-time student; or _____part-time student, for the term beginning________________________________________________________________________________________

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DEPARTMENTAL REVIEW FORM

TO ACCOMPANY PETITION FOR REINSTATEMENT

TO THE STUDENT: In addition to completing the PETITION FOR REINSTATEMENT FORM and writing an accompanying letter as specified, you must process this Departmental Review Form by submitting it to your advisor. Your Petition cannot be considered until these three sets of information are received by the ACADEMIC REVIEW BOARD.

TO THE ADVISOR AND CHAIRPERSON: PLEASE EXPEDITE. Return to the Chairperson of the Academic Review Board in Bradley Hall 226 as soon as possible. This input is needed to supplement the student’s petition and aid the Board in their subjective judgment. Your cooperation is appreciated.

Name of Student:__________________________________________________________Date:____________________
Classification: ________________________________________________________Major Field:____________________

1. Number of professors who provided input in the evaluating of this student:_________________________________

2. Has this student been academically advised by a member of this department about retaking classes as appropriate?
Yes:______No: _______Uncertain: _______By Whom:____________________________________________________

3. Do you feel this student is capable of satisfactorily completing a degree in this major?
Yes:______No:_______Uncertain:_______

4. Do you know of any circumstances which may have affected this student’s academic performance?______________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

5. Recommendations on this subject:__________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

If you have additional information or comments, please put them on the back of this sheet and refer to the question by paragraph number.
Signature of Advisor:_______________________________________________________________________________

Signature of Department Chairperson:_________________________________________________________________

Return to:          ACADEMIC REVIEW BOARD
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                        Amy Summers, Academic Coordinator
                        Bradley University
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                        Phone: (309) 677-2384 • asummers@fsmail.bradley.edu

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