

## Application for Reinstatement

Part A: Student Information			
Last Name: (Family Name)		First Name: (Given Name)	
Student Number:		Department:	
UM Email:		Phone #:	
Address:			
City:		Postal Code:	

Part B: Previous Program Information			
<i>Please complete the following with the assistance of your student advisor.</i>			
Program:			
Year & Term You Were Admitted to Your Program:		Degree Credit Hours Attempted:	
Degree Credit Hours Passed:		Ratio (%) of Passed to Attempted Hours:	
How Many Courses Do You Have Left to Complete?			
In consultation with your advisor, provide a course plan for the next four terms or until graduation (if sooner than four terms).			
Term 1	Term 2	Term 3	Term 4
Student Advisor's Name:		Date You Met with Advisor:	
Advisor Signature:			

## **Application for Reinstatement**

### **Part C: Plan for Reinstatement**

- 1) In the space below, please explain the circumstances that led to your being Required to Withdraw from our program. Please include any academic challenges, health or wellness concerns or other stressors such as family, financial or work.

- 2) In the space below, please explain how you have spent your time while Required to Withdraw.
- a. Did you pursue further study in another Faculty or College?

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**b. Did you focus on health and wellness or seek other supports (counselling, therapies, ALC Workshops, etc.)?**

**c. Other (e.g., did you travel home to see family; did you work in an Engineering-related internship; etc.)?**

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- 3) In the space below, please provide how you plan to make your return successful.
- a. What will you do differently to ensure your success?
  - b. Have the circumstances that led to your withdrawal from the program been addressed? For example, are you more financially stable, less stressed, have you developed better study habits and supports, etc.?

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**Part D: Attendance at Other Institutions**  
*If, while Required to Withdraw, you attended another institution, please include that information here.*

<b>Name of Institution:</b>		<b>Location:</b>	
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*Please include an unofficial transcript with your application from any outside institutions.*

**I have not attended any other institutions while Required to Withdraw from the Price Faculty of Engineering.**

**Part E: Confirmation**

I hereby confirm that the information provided in this application is correct and the attached documents are authentic. I understand that submission of falsified or forged documents can lead to denial of the appeal and further disciplinary actions. This information is being collected under the authority of The University of Manitoba Act. It will be used for decisions concerning academic consideration. It is protected by provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection of this information, contact the Access and Privacy Office, 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB R3T 2N2, Tel: (204) 474-9462.

<b>Student Name:</b>		<b>Date:</b>	
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