

**REINSTATEMENT REQUEST FORM**

**\*For current student who is terminated because failed to meet SAP requirements.**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Program: \_\_\_\_\_

**Student is required to submit the documents below;**

1. Written Statement specific the reason(s) that student's status is terminated.
2. Supporting Evidence(s).
3. Bank Statement minimum \$38,000. If you have dependent(s), please submit another \$10,000 for each dependent(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Academic Faculty uses only.

The student's name \_\_\_\_\_, student' ID \_\_\_\_\_,  
is;

- Approved for reinstatement.
- Not approve for reinstatement.
- Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Chair Department's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President of Academic's signature: \_\_\_\_\_ Date: \_\_\_\_\_