

ACADEMIC SUSPENSION REINSTATEMENT APPLICATION

Application Deadline: The application and supporting documentation must be received at least **TWO WEEKS BEFORE THE REQUESTED TERM BEGINS**. Failure to complete the entire form will result in a delay and may prevent you from being considered for the term requested.

Return the completed Academic Suspension Reinstatement Application and supporting documentation to:

Reinstatement Application c/o Nancy Bobersky
Harrisburg Area Community College
One HACC Drive
Harrisburg, PA 17110
Penn Center 3, Rm. 429
Phone: (717) 221-1300x1676 Fax: (717) 901-4296
Email: nbobers@hacc.edu

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM.

Student's Name: _____
First Middle Last

Other last name(s) used while at HACC: _____

Home Address: _____

Telephone #: (____) _____ Street City State ZIP
 Email address: _____

HACC ID: H _____

For which term are you requesting reinstatement? Fall 20____ Spring 20____ Summer 20____

Do you wish to change your major? YES NO

If yes, what have you chosen as your new major? _____

For which campus are you requesting reinstatement?

Harrisburg Lancaster Lebanon Gettysburg York

Did you sit out the required suspension period of one fall or spring term?

YES
 NO

Do you plan to work while taking classes? Y/N _____ If yes, how many hours per week? _____

If reinstated, for how many credits would you like to register? _____

In addition to completing this application, you must show proof of extenuating circumstances (i.e. circumstances beyond your control) in order to be considered for reinstatement. Attach any official documentation to support your application for reinstatement.

Informational Essay

In two or more paragraphs, please explain what other responsibilities you will have while you attend HACC and explain why you were not able to complete your courses successfully or maintain an acceptable GPA as stated in HACC's online course catalog. (A separate document may be attached.)

PLEASE BE ADVISED: if reinstated, you will be subject to registration stipulations, including, but not limited to, credit restrictions and course recommendations.

I HEREBY UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION IN THIS APPLICATION OR SUPPORTING DOCUMENTATION MAY RESULT IN DENIAL OF REINSTATEMENT OR DISMISSAL. IF REINSTATED, I UNDERSTAND THAT I WILL BE REQUIRED TO MEET WITH A COUNSELOR TO REVIEW MY ACADEMIC RECORD, DEVELOP AN ACADEMIC PLAN, AND SELECT MY COURSES PRIOR TO REGISTRATION AND WILL MEET WITH HIM/HER, AS NEEDED THROUGHOUT THE SEMESTER.

Student's Signature

_____/_____/_____
Date