KANSAS STATE UNIVERSITY | College of Arts and Sciences
Center for Student Success and Engagement

Advisor Statement for Student Reinstatement Application

The Academic Standards committee values advisors' insights and asks to hear directly from them as it considers students for reinstatement. Email this completed form directly to the Arts & Sciences Center for Student Success and Engagement, artsci@ksu.edu.

Student Name: _____ **Student WID:** _____

Student Major: _____ **Advisor Name:** _____

Consider these guiding questions as you form your opinion, and please elaborate in your explanation.

* Did you meet with this student regarding reinstatement? If so, what did you discuss?
* Has the student clearly identified what factors/behavior/choices led to their dismissal?
* Has the student developed a realistic plan to be successful if reinstated? Are the student's goals and expectations realistic?
* Did you provide course recommendations? If so, what courses?
* Do you think this student would be successful if given another chance?

Based on your interactions with the student, provide your opinion about the preferred outcome of this reinstatement application.

- ☐ I support reinstatement.
- ☐ I do not support reinstatement.
- ☐ I support reinstatement with reservations.
- ☐ I do not support reinstatement at this time, but would reconsider in the future.
- ☐ I support reinstatement if specific conditions are met.
- ☐ I have no opinion/I am unable to provide an informed opinion.

Explanation/Additional Comments: Elaborate on your above opinion. Attach additional pages as necessary.