INSTITUTE OF APPLIED AGRICULTURE
University of Maryland
College Park, MD 20742

Application for Reinstatement

Please Print

Name_____ _____
Last First MI UID

Current Address_____

_____
City State Zip

Telephone: _____ Email:_____

Curriculum Option_____

I am applying for reinstatement for_____(semester) _____(year).

Comments (indicate why you feel your reinstatement should be considered, including factors which have changed which might help you be more successful in your academic work). Attach additional sheets if needed.

_____

_____

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_____

_____
Signature Date

For Office Use Only **Date**

Application Received _____
Committee Acted Upon _____
Student Notified _____

_____Granted _____Declined _____Signature

(1/16)