

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
104 Mumford Hall/MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380**

PETITION TO RE-EVALUATE DROP STATUS

THIS PETITION CAN ONLY BE FILED BY STUDENTS WHO WERE PLACED ON DROP STATUS AT THE END OF THE PREVIOUS SEMESTER.

PROCEDURAL GUIDELINES

- 1) It is your responsibility to include any supporting documentation with this petition at the time of submission. Examples of this documentation include:
 - a) letter(s) of support from any medical professional(s) who(se) care you are or may have been under; and
 - b) a copy of a death certificate or funeral program to document a death of a family member or friend.
- 2) Prior to submission to the Academic Programs office, this form must be submitted to your academic advisor for review, signature, and any comments she/he may wish to include.
- 3) Once completed this form and any supporting documentation should be submitted to the College of Agricultural, Consumer and Environmental Sciences' Academic Programs office (104 Mumford Hall).
- 4) Re-evaluation of drop status requests must be submitted by the following dates:

June 30 for Fall Semester;
Prior to the first day of classes for the Spring Semester; or
Prior to the first day of classes for the Summer Semester.

NAME _____ UIN _____
(LAST) (FIRST) (M.I.)

ADDRESS _____
(STREET) (CITY, STATE, ZIP)

PHONE NUMBER _____

E-MAIL _____

University of Illinois College of Last Enrollment _____ Program of Last Enrollment _____

Major and Concentration to which you are requesting re-entry _____

PETITION TO RE-EVALUATE DROP STATUS

DEAN'S REVIEW AND ACTION

(TYPE OR PRINT LEGIBLY)

RE-ENTRY APPROVED

Academic Program Code: _____

Academic Standing for Re-entry Term: _____

Expected Graduation Term: _____

Catalog Term (if re-entered from another major in College of Agricultural, Consumer and Environmental Sciences or non-ACES: _____

Correspondence Sent to Student Stating Conditions (copy attached): _____

Special Action Desired, i.e. place hold, do not allow to participate in early registration, etc.? _____

RE-ENTRY DENIED

Place hold on student: YES or NO

If yes, hold code and reason: _____

Drop any future registration if they exist: YES or NO

Correspondence sent to student: YES or NO
(copy attached)

DEAN'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Academic Programs Checklist

(please check off as complete, initial and date where appropriate)

- COAR User Updates
 - SGASTDN or SFAREGS
 - SHAINST
 - SGASADD, only if from college other than the College of Agricultural, Consumer and Environmental Sciences
 - SGAADV, only if from college other than the College of Agricultural, Consumer and Environmental Sciences
 - SOAHOLD
 - SFARGRP

- Routed to Log for recording decision and accurate filing

- Records area notified of new student if re-entry program is in different department or student is new to the College of Agricultural, Consumer and Environmental Sciences.
 - Completed ICT Information Included YES or NO or N/A
(if re-entered from a non-ACES program)