



**Section 1: STUDENT INFORMATION**

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NSHE \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Section 2: INDICATE THE SUSPENSION CONDITION YOU ARE REQUESTING REINSTATEMENT:**

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- Qualitative:** Less than a 2.0 cumulative GPA at CSN
- Quantitative:** Did not meet or maintain PACE of 66.67% completion requirement. \*PACE is calculated as completed credits divided by attempted credits.
- I have reached my **Maximum Time Frame** because of the following reason(s):

**NOTE:** You must submit *all transcripts* and an *Academic Rehabilitation Plan* that is signed by you and your counselor/health science advisor if you are requesting to be reinstated due to Maximum Time Frame.

- Military Training
- Apprenticeship Instruction/Training
- Certificate Training

- I have a prior degree from CSN or another institution. Indicate degree type and school name below.

\_\_\_\_\_ Degree type and school name (i.e., AA, College of Southern Nevada)

- Other (explain below):

**Section 3: INDICATE HOW THE SUSPENSION CONDITION WAS MET:**

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- My cumulative GPA at CSN is now at 2.0 or higher
- I have successfully completed coursework at CSN or another institution and am now at 66.67% completion rate or higher & I have had those transcripts evaluated by the CSN Registrar's Office.
- I did not receive a warning semester
- Other (explain below):

**Section 4: CERTIFICATION AND STATEMENT OF UNDERSTANDING:**

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- I certify that the information contained within this reinstatement, including all attachments and enclosures, is accurate and truthful.
- I understand the Office of Financial Aid will **NOT** hold my classes pending the processing of this form.
- I further understand that it is my responsibility to pay for my courses to remain enrolled if a decision is still pending

\_\_\_\_\_  
**Student Signature (wet/ink Signature Required)**

\_\_\_\_\_  
**Date**



# ACADEMIC REHABILITATION PLAN

(To be completed by a CSN Counselor or Health Sciences Advisor)

Student Name: \_\_\_\_\_ NSHE ID: \_\_\_\_\_

Declared Major: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

**SECTION 1:** Only include classes that lead towards the completion of the declared major. Please add course name and number.

**NOTE:** If semesters five (5) or six (6) are needed, please add an additional sheet to include those planned terms.

FIRST SEMESTER RECOMMENDED CLASSES Term: _____		SECOND SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

THIRD SEMESTER RECOMMENDED CLASSES Term: _____		FOURTH SEMESTER RECOMMENDED CLASSES Term: _____	
Courses:	Credits:	Courses:	Credits:

Total credits Remaining until graduation	<input type="text"/>	Total transfer credits brought to CSN by student	<input type="text"/>	Total transfer credits that apply to CSN degree, including previous CSN degree credits	<input type="text"/>
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## Section 2: Counselor Attestation

Notes & Recommendations: \_\_\_\_\_

Counselor/Health Science Advisor Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

Counselor/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3: Student Acknowledgement

I acknowledge and understand that any failures or withdrawals (including audits) will invalidate this plan and place me back on Financial Aid SAP suspension. I agree to follow this Academic Rehabilitation Plan and if any changes are required, I agree to meet with my counselor/health science advisor to create and submit an updated Academic Rehabilitation Plan to the Financial Aid Office.

Agree and Acknowledge: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Signature (wet/ink Signature Required)*