**Reinstatement Appeal**

*Submitted to the Academic Policies Committee*

*for waiver of automatic failure due to absences.*

|  |
| --- |
| Name: Enter text Date: Enter text Major: Enter text  For Reinstatement in *(Name of Class)***:**Click to type class name  Professor’s Name: Click to type professor’s name  Days per week in class: Choose Days per week alternate meeting (online, etc.): Choose  Semester: Choose Year: Enter text  Have you appealed for reinstatement in a previous semester? Choose When? Enter text |

**Instructions**

1. Use a separate form for each course.
2. We prefer that you type this form. If we can’t read your appeal, we will not be able to act on it.
3. Return this form to the Registrar’s Office
   1. in person at the Registrar’s Office
   2. fax (877.883.9910)
   3. save or scan, then email ([registrar@ohiochristian.edu](mailto:registrar@ohiochristian.edu))
4. If serious illness was a factor, you will want to provide documentation
5. Ask your professor to answer these questions in an email to [registrar@ohiochristian.edu](mailto:registrar@ohiochristian.edu):
   * Is it possible for the student to pass the course if reinstated?
   * Do you support this student’s request for reinstatement?
   * Why or why not?

**Absences *(Finish this part completely. We need complete information consider your request.)***

* Check your attendance records from e360. Ask your instructor for a copy **only** if the e360 record is incomplete.
* **List all absences and tardies in the chart below**
* **Explain each absence you believe was justified**

What do we mean by an **unavoidable** absence? This is an absence beyond your control. Examples: you were too ill to attend class; there was a significant family emergency; you were required to participate in a sports event; etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Absence** | **Tardy** | **Date** | **Avoidable:**  **I should have come to class** | **Unavoidable: A Justified Absence** | **Explanation**  If you feel an absence or tardy was unavoidable, provide a clear explanation of why.  You may include more details on the next page.  ***Leaving unexplained absences is not helpful to your appeal.*** |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |
|  |  | date. |  |  | Explanation. |

**Appeal**

*Answer these questions (****required****):*

* *To what degree are you responsible for this situation?*
* *How will you avoid a similar situation in the future?*
* *Do you believe Academic Policies Committee has a reason to grant your appeal? Please explain why.*
* *Include anything you can to help us understand your request.*

Click here to enter your appeal. The box will expand as you type.

**Checklist *– Missing or unclear information makes your chance of a successful appeal much lower.***

|  |  |  |
| --- | --- | --- |
|  | I listed all absences and tardies, including the ones I think were | |
|  | **Avoidable** *(I really should have been in class)* |
|  | **Unavoidable** *(Justifiable circumstances prevented me from coming to class)* |
|  | I gave the reason for each justified |
|  | I attached documentation for any serious illness that I claim as part of this appeal | |
|  | I asked my professor to email their response to [registrar@ohiochristian.edu](mailto:registrar@ohiochristian.edu) *(see questions in the instructions above)* | |
|  | I attached my attendance records from e360 | |
|  | ***OR*** E360 is not complete, so I asked my instructor for a copy |
|  | My appeal (previous section), explaining why I believe my request should be considered. | |
|  | I will accept the appointment offered to me by the Registrar’s Office | |

**Initials or Signature**

*To submit this form electronically please send it via your OCU email account.*

Type your initials here or add your signature below