

Academic Advising Record for Reinstatement

Undergraduate Academic Regulations Committee (ARC)

This form is mandatory documentation to be attached to the Reinstatement After Academic Dismissal form.



UNIVERSITY of
SOUTH FLORIDA

Student Success

Office of the Registrar

Last Name _____ First Name _____ USF ID _____

Phone Number _____ USF Email _____ Semester/Year _____

Major _____ Concentration _____ Minor _____

Please check one: AR I AR II

THIS SECTION TO BE COMPLETED BY ACADEMIC ADVISOR

Academic Plan for completion within 4 semesters

SEMESTER 1	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 2	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 3	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 4	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 5	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 6	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	

Advisor/Department's recommended course of action for reinstatement to USF:

Support reinstatement to USF in major listed above (Advisor support does not necessitate approval by ARC committee).

Redirection Required (Student does not meet criteria to return to USF with major listed above).

Notes: _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Advisor's Name (Please Print) _____