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)

_________________________  ________________________________  ____________________________
Last Name                   First Name                      USF ID Number

(____) ____________________  Email __________________________
Local Phone Number

Major____________________  Con./Cog:________________________  Minor:____________________

Please check one: ___ ARI   ___ ARII

This section to be completed by Academic Advisor:
Academic Plan for completion within 4 semesters

<table>
<thead>
<tr>
<th>SEMESTER 1</th>
<th>Cr. Hrs.</th>
<th>SEMESTER 2</th>
<th>Cr. Hrs.</th>
<th>SUMMER</th>
<th>Cr. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER 3</th>
<th>Cr. Hrs.</th>
<th>SEMESTER 4</th>
<th>Cr. Hrs.</th>
<th>SUMMER</th>
<th>Cr. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER 5</th>
<th>Cr. Hrs.</th>
<th>SEMESTER 6</th>
<th>Cr. Hrs.</th>
<th>SUMMER</th>
<th>Cr. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
<td>Total Hours:</td>
<td></td>
</tr>
</tbody>
</table>

Advisor/Department’s recommended course of action for reinstatements 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’s Signature:_______________________________________ Date:_________________

Advisor’s name:_________________________________________________________________________________________________(Please Print)