

Must be completed as per the attached Petition Deadlines for the semester you wish to attend.

Reinstatement Petition Form

Petition Due on or before __/__/__

Name: _____
Last First MI

Today's date: __/__/__
MM/ DD/ YYYY

Washburn ID Number: W _____ Maiden name, if applicable: _____

Current U.S. Mailing Address: _____
Street Apt. #

City State Zip Code

Daytime Phone #: () _____ Email address: _____

For what semester are you requesting reinstatement? (Circle one.) **Fall / Spring / Summer** _____
Year

Have you had a previous reinstatement? Y/N If yes, what semester **Fall / Spring / Summer** _____
Year

Have you completed an Application for Admission at the Admissions Office, Morgan 114, or at
www.washburn.edu? **Y / N** How many hours do you anticipate taking? _____

Have you met with an Academic Advisor? **Y / N** If so, whom? _____

Will you apply for Financial Aid? **Y / N**

Please list any academic institutions attended since you were last enrolled at Washburn:

Institution Semesters/ Years Attended

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Please submit this form, with your typewritten narrative, to the Academic Affairs Office at Bradbury
Thompson Alumni Center, Suite 200 or mail to: VPAA, Washburn University, 1700 SW College Ave, Topeka, KS
66621.

Contact the Student Life Office at 785-670-2100 if you have questions.