



School of Social Work  
Challenging Minds, Leading Change, Transforming Lives

## Request for Reinstatement Form

### **Instructions**

Complete and submit the ***Request for Reinstatement Form*** and a written ***Petition Letter*** that serve as the formal request to the WSU School of Social Work for Reinstatement to the BSW and MSW programs when a student has received a letter of termination from a program.

**Submission Deadlines:** Request for reinstatement should be made as soon as possible but *not later* than two (2) weeks after commencement of classes of the next semester following termination. Submission of the *Request for Reinstatement Form* and the *Petition Letter* do not guarantee reinstatement for the next semester following termination. (*Please carefully review SSW Reinstatement Policy and Procedures for additional information.*)

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_ Email: \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Social Work  
Program(BSW/MSW/PhD/Certificate): \_\_\_\_\_

### **Reinstatement Request Instructions**

1. Complete and sign the ***Request for Reinstatement Form***
2. The written ***Petition Letter*** should specifically address each of the following:
  - a. An explicit statement of the circumstances which led to termination from the program including any supplemental/supporting documentation
  - b. An explanation of how the problem areas or academic deficiencies, which resulted in termination, have been addressed. Include any supplemental/supporting documentation
  - c. A detailed plan for continued remediation or problem solving of the circumstances that led to termination if granted reinstatement into the program.

3. **Submit the above materials to:**

Dean Cheryl E, Waites, EdD, MSW  
C/O Marilynn Knall  
4756 Cass Avenue  
Thompson Home  
Detroit, MI 48202

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **For Official Use Only**

Date Received by Dean: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Recommendation of Reinstatement Advisory Committee \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Decision: \_\_\_\_\_

Date Student Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSW Personnel Signature: \_\_\_\_\_; Date \_\_\_\_/\_\_\_\_/\_\_\_\_