



UNIVERSITY OF ILLINOIS AT SPRINGFIELD  
Academic Integrity Council

## REQUEST FOR REINSTATEMENT

Name of Student (Please Print)		
Last	First	MI

UIN (Blue number on i-card)							

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Academic Major/Program \_\_\_\_\_ Adviser \_\_\_\_\_

Last Semester and Year of Attendance Prior to Suspension \_\_\_\_\_

Requested Semester and Year of Reinstatement \_\_\_\_\_

*I request reinstatement to the University of Illinois Springfield campus. I have fulfilled all requirements for reinstatement as outlined in the written determination of the Academic Integrity Council (reference AIC Case Number \_\_\_\_\_, dated \_\_\_\_\_). I have read and understand the current UIS Academic Integrity Policy, and I agree to abide by the policy and to adhere to the highest standards of academic integrity at UIS.*

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

### ACADEMIC INTEGRITY COUNCIL DECISION

\_\_\_\_\_  
Academic Integrity Council Chair Name (Print)  Approved  Denied - see attached explanation

\_\_\_\_\_  
Signature Date

If approved, hold should be removed by Office of Records and Registration as of \_\_\_\_\_  
Date

*Distribution of Completed Form*

**Original** to Registrar      **Copies** to AIC, Provost, Academic Department, Student