

Plan of Study

*If you are appealing for immediate, early or third reinstatement, this form must be completed by you following a meeting with an Academic Development and Recovery Advisor and it must accompany the **Reinstatement** Appeal Form, your appeal letter and relevant documentation. Incomplete appeals are unlikely to be approved.*

Appeal letters should clearly state what you are requesting, the circumstances that lead to your dismissal, and what your goals are, if reinstatement is granted.

Name:

Student ID:

Boise State Email Address:

Academic Goals

Identify three goals you hope to accomplish if you are reinstated.

1)

2)

3)

Action Plan

Describe three specific strategies you will implement to reach your goals.

1)

2)

3)

Identify a minimum of three campus resources you will use to help you be more successful and reach your goals.

1)

2)

3)

In consultation with your academic advisor, please outline your planned course schedule for the next semester, if you are reinstated.

Your academic advisor will need to sign this form, indicating that you completed this meeting.

Course Prefix and Number	Title	Number of Credit Hours	Instructional Mode (in person/online/hybrid)	Is this course a repeat of a previously attempted course? (Y/N)

Weekly Time Commitments	Number of Hours Per Week
Employment or Volunteer Commitments	
Family or Personal Obligations (please describe):	
Other (please describe):	

Active Registration Holds

List the current registration holds on your account (examples include: Past Due Balance, Dean of Students) and your plans to resolve those holds before the start of the semester.

Please identify any concerns or difficulties you believe negatively affected your past academic performance (check all that apply).

<input type="checkbox"/>	Unprepared for academic expectations	<input type="checkbox"/>	Issues with financial aid
<input type="checkbox"/>	Difficulties transitioning to Boise State	<input type="checkbox"/>	Family concerns/crisis
<input type="checkbox"/>	Documented or suspected learning disability	<input type="checkbox"/>	Physical and/or mental health concerns
<input type="checkbox"/>	Failed to attend classes	<input type="checkbox"/>	Managing multiple competing priorities
<input type="checkbox"/>	Struggled with mode of class instruction (remote, online, hybrid, in person)	<input type="checkbox"/>	Relationship challenges (roommate, romantic partner, family)
<input type="checkbox"/>	Took too many credit hours	<input type="checkbox"/>	Worked too many hours
<input type="checkbox"/>	Other (please explain):	<input type="checkbox"/>	

Student Rationale

Explain why you believe that the University Academic Appeals Committee should make an exception to the Probation and Dismissal Policy (Policy #3000) and approve immediate reinstatement. Articulate how and why you will be successful if reinstated.

Signatures:

Student Signature

Date

Academic Advisor

Date of Meeting

ADR Advisor

Date of Meeting

By signing this document, you acknowledge that you have been informed of the Boise State University Reinstatement and Probation Policy and the requirements of the reinstatement process. Should your appeal for reinstatement be granted by the appeals committee, your academic record will still reflect that you were academically dismissed, but you will not be required to sit out for the required length of time designated by the university.