



## ACADEMIC REINSTATEMENT REQUEST

An *Academic Reinstatement Request* form is used after a student completes a one-semester (fall or spring) SOAP academic suspension and requests to be reinstated to enroll in classes.

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### Steps to complete in order to be considered for **Reinstatement**:

1. Submit a 1-2 page typed letter explaining what caused your failure to comply with ECC's Standards of Academic Progress. You must include what steps you will take to improve your academic performance and why you wish to return to ECC. Please fully describe your individual situation and intended course of action.
2. Complete the top half of page two of this form.
3. Schedule an appointment with your assigned academic advisor by calling [847-214-7390](tel:847-214-7390). **Bring this form and typed letter to your advising appointment.** Note: You will be required to reschedule your appointment if you have not completed Step #1 prior to your appointment. During your advising appointment, you and your advisor will complete the Student Success Contract on the opposite side of this form.
4. Detailed regulations pertaining to the *Standards of Academic Progress* can be found in the College Catalog and online at [SOAP](#). Please review.
5. To ensure consideration for the upcoming semester, it is recommended that you meet with your advisor by the following priority deadlines:
  - To be considered for enrollment in spring semester – **October 15**
  - To be considered for enrollment in summer semester – **March 1**
  - To be considered for enrollment in fall semester – **May 15**
6. Following your meeting with your advisor, the advisor will submit your request to the Associate Dean of Student Success who will render a Reinstatement decision.
7. You will be notified via your ECC student email within 10 days after the submission regarding the outcome of your *Academic Reinstatement Request*.
8. If your Reinstatement request is approved your academic standing will convert to Reinstatement.

**Peggy Gundrum**  
**Associate Dean of Student Success**  
**Elgin Community College**  
**1700 Spartan Drive, B120**  
**Elgin, IL 60123**  
[pgundrum@elgin.edu](mailto:pgundrum@elgin.edu)

**NOTE: This form is not for financial aid reinstatement.**



## ACADEMIC REINSTATEMENT REQUEST

Name: \_\_\_\_\_ ECC ID#: \_\_\_\_\_

ECC Email: \_\_\_\_\_ @student.elgin.edu

I am requesting reinstatement after completing Academic Suspension. I wish to return to ECC for the following academic period:

Summer of \_\_\_\_\_  Fall of \_\_\_\_\_  Spring of \_\_\_\_\_

Courses recommended upon reinstatement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current SOAP Cumulative GPA: \_\_\_\_\_

Credits required to return to Good Academic Standing: \_\_\_\_\_

Grades or GPA: \_\_\_\_\_

<https://usm.maine.edu/advising/gpa-calculator>

## SUCCESS CONTRACT

If reinstated to Elgin Community College, I pledge to do the following to ensure my academic success:

- MANDATORY** midterm check-in meeting with advisor
- Visit Tutoring (Bldg. C, second floor)
- Visit The Write Place (Bldg. B, 274)
- Communicate with Instructors / attend Office Hours
- Visit a Wellness Professional (Bldg. B, 120)
- Study and do work outside of class (recommended: 2 hours for each hour spent in class per week)
- Participate in Time Management activity (ask advisor for details)
- Meet with a Career Development Specialist (Bldg. B, 120) / Enroll in GSD120 career exploration course
- Other \_\_\_\_\_

By signing below, I agree to the above contract and acknowledge that if my reinstatement request is approved, it will be for **the requested academic period ONLY**. My ability to continue taking courses at ECC beyond the requested academic period will be contingent on my term SOAP GPA at the end of the reinstatement term, which **must be a 2.0 or higher**.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Peggy Gundrum, Associate Dean of Student Success

\_\_\_\_\_  
Date

For Office Use Only

Request	Date	Max Cr. Hrs.	Student Notification	XTPE Entered	Status Change Requested
<input type="checkbox"/> Approve <input type="checkbox"/> Deny			<input type="checkbox"/> In Person _____ <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> NA _____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ <input type="checkbox"/> NA _____

**NOTE: This form is not for financial aid reinstatement.**