

Distance Reinstatement Process

For a distance reinstatement, the meeting will be conducted over the phone and via email. You will also need to initiate a request for this distance reinstatement, in writing, as follows:

Please send a written request with a signature and copies of picture IDs stating that you would like to do a phone meeting. Here is how to provide that:

1. Make a copy of your driver's license and your student ID card together; make sure that your signature for both is included and legible on that page. (If you want to have a separate page for each ID that is also acceptable. Just write your request on one of them.)
2. Use that page to write your request for a phone meeting.
3. Sign and date that request.
4. Mail it to me at:

Betsy Cincoski, Retention Advisor
Missoula College UM
909 South Avenue West
Missoula, MT 59801

- Send me an email identifying a password you will use when you call me for the phone meeting. DO NOT use a password to your other accounts; create one that you will use specifically for this meeting. Your information is private under the FERPA Act. My email address is betsy.cincoski@umontana.edu.
- Complete the reinstatement packet and mail it to me. You can find our Missoula College Academic Reinstatement Packet on the Missoula College website through the A-Z Index under "R". Make sure that you use the Missoula College version, not the one from the mountain campus, since our processes and forms are different.
- Contact the The Learning Center at (406) 243-7826 to set up a distance reinstatement meeting. At the appointed time, you will call the Reinstatement Advisor at (406) 243-7826. I will ask you for your password and your student ID number. Then we'll process the form for the purpose of getting you back in school.
- As a part of the meeting, we will complete an academic plan agreement. Two copies of the agreement will be mailed to you. Please sign one copy and mail it to:
Missoula College
Attn: The Learning Center
909 South Avenue West
Missoula, MT 59801-7910
- The paperwork will be processed once the signed copy is received.
- This process will likely take a couple of weeks. While you wait for this to be completed, you might want to contact your advisor to get advising for registration so you can be ready to register on schedule.

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Reinstatement Plan for Students on Academic Suspension

(Complete and bring to your meeting with the Retention Advisor)

Name _____ Student ID # _____

Address _____

(Street address)

(City)

(State)

(Zip)

Phone # _____ E-mail address _____

What do you believe to be the primary reason(s) for your past academic difficulties? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Poor attendance | <input type="checkbox"/> Lack of organization |
| <input type="checkbox"/> Unsure of major | <input type="checkbox"/> Time management problems |
| <input type="checkbox"/> Unsure about occupational goals | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Lack of goals | <input type="checkbox"/> Too much partying/social life |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Roommate problems |
| <input type="checkbox"/> Unaware of resources (tutoring, etc.) | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Did not use resources | <input type="checkbox"/> Housing problems |
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Unprepared academically | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Courses too difficult | <input type="checkbox"/> Personal issues |
| <input type="checkbox"/> Course load too heavy | <input type="checkbox"/> Child care issues |
| <input type="checkbox"/> Disability-related issues | <input type="checkbox"/> Work schedule demands |
| <input type="checkbox"/> Other (explain) _____ | |

In which courses did you experience academic difficulty?

In your own words, please provide details for regarding reasons marked above (use reverse side of form if necessary): _____

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Date: _____

Reinstatement Plan for Students on Academic Suspension

(Complete top section of form, and present it with an unofficial transcript at your meeting with the Retention Advisor)

Name _____	Student ID# _____
Address _____	
Phone _____	(city) _____ (state) _____ (zip) _____
Email address _____	
Intended Major _____	Advisor _____
Previous Major (if different) _____	Previous Advisor: _____
Last Semester of Attendance: _____	
Semester to be reinstated: _____	

Status: Academic Suspension Financial Aid Suspension (financial aid matters handled by Financial Aid Office)

As a student who has experienced academic difficulty and has been suspended, I understand that my first goal is to provide a plan for my academic success. I understand and agree that my academic success is dependent on my efforts to achieve the expected outcomes of each course and that I must maintain a minimum GPA of 2.0 each semester. I agree with, and will abide by, the following plan to enhance my academic opportunities at Missoula College.

I will take a course load of no more than _____ credit hours for _____ semester.

I will enroll in the following courses (Note which are repeats). **Registering for other courses and/or failure to register for agreed courses could jeopardize future academic reinstatement:**

I will attend all classes for the semester (except for emergencies).

I will seek the following tutoring resource(s) for the following courses:

Learning Center: _____

Math @ Mansfield or Math Tech Learning Center: _____

Other: _____

I will enroll in one or more of the following classes/workshops (check all that apply):

M065 – Pre-Algebra

AASC100 – Intro to University Experience

M 090 - Introductory Algebra

WRIT 095 – Basic Composition

Test Anxiety Workshop

Take ALEKS Math Placement Exam

Take Writing Placement Exam

Study skills workshops (week 2 of semester)

I will consider limiting my work schedule to _____ hours per week.

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- I will contact the following services to see if I may be eligible for additional assistance:
- American Indian Student Services – Payne Family Native American Center (243-6306)
 - Career Services – Missoula College: AD19D or UM campus: Lommasson 154 (243-2022)
 - Counseling Services – 634 Eddy (243-4711)
 - Disability Services for Students (DSS)–Missoula College: AD04A or UM campus: Lommasson 154 (243-2243)
 - Financial Aid Office – Lommasson Center, Griz Central (243-5373)
 - Financial Education Program – Lommasson Center, Griz Central (243-6016)
 - Veterans Education and Transition Services – 1000 E. Beckwith (243-2744)
- I have made the following changes to address issues from my previous enrollment:

Finally, I will:

- Contact my advisor if I experience any difficulty this semester.
- Contact my instructors about my progress in all of my classes at mid-term and one other time prior to the end of the semester.
- Meet with my advisor regularly for progress updates during the following months: (i.e. September for class and schedule update, October for mid-term grade report, November for Priority Registration)

I agree to complete the items marked above. If I do not meet these responsibilities, I will jeopardize my continued enrollment at The University of Montana-Missoula.

Student Signature	Date
Retention Advisor Signature	Date

Administrative Review:

- Reinstatement Plan approved Reinstated for (semester): _____
- Revise Reinstatement Plan and resubmit

Comments:

Signature of Associate Dean	Date
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REINSTATEMENT APPROVAL FORM

Complete only the top section and return this page with your reinstatement appeal packet*. Please PRINT your name. *You are not responsible for obtaining the other signatures.

Student ID # 790- ____ ____ ____ ____ ____ Phone (____) ____ - ____

Student Name _____ Major _____

Student's Signature _____ Date _____

Semester to be reinstated _____

Program Director's recommendation: Recommend Not recommended

Comment:

Signature: _____ Date _____

Department Chair's recommendation: Recommend Not recommended

Comment:

Signature: _____ Date _____

Associate Dean's Recommendation: Approved reinstatement Not approved

Comment:

Signature: _____ Date _____