



Directions to student: Meet with your current instructor(s) to discuss your class performance. Submit a completed progress report along with your Reinstatement Petition Form online or by email to reinstatement@csusm.edu.

Directions to instructor: Please complete the form below based on the student's academic performance in your course. If no grade is available, please confirm attendance and participation. The Reinstatement Committee at CSUSM appreciates your time and consideration. Should you have any questions, please email reinstatement@csusm.edu.

CSUSM ID #: _____ **Current Term:** _____

Student Name: _____ **# of Units Currently Enrolled:** _____

Major: _____

Course Information	Attendance	Participation	Assignments	Tests/Quizzes	Grade	Instructor's Signature	Comments
Course name: _____ Instructor: _____ Instructor phone #: _____ College/University: _____	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable			
Course name: _____ Instructor: _____ Instructor phone #: _____ College/University: _____	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable			
Course name: _____ Instructor: _____ Instructor phone #: _____ College/University: _____	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable			
Course name: _____ Instructor: _____ Instructor phone #: _____ College/University: _____	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Not applicable			

I understand that purposely falsifying information may lead to the cancellation of my reinstatement petition and prevent me from returning as a student of California State University San Marcos.

Student Signature: _____