

# Academic Advising Record for Reinstatement

Undergraduate Academic Regulations Committee (ARC)  
This form is mandatory documentation to be attached to the  
Reinstatement After Academic Dismissal form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ USF ID \_\_\_\_\_

Phone Number \_\_\_\_\_ USF Email \_\_\_\_\_ Semester/Year \_\_\_\_\_

Major \_\_\_\_\_ Concentration \_\_\_\_\_ Minor \_\_\_\_\_

Please check one:  AR I  AR II

## Academic Plan for completion within 4 semesters

SEMESTER 1	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 2	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 3	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 4	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 5	Cr. Hrs.
TOTAL HOURS:	

SEMESTER 6	Cr. Hrs.
TOTAL HOURS:	

SUMMER	Cr. Hrs.
TOTAL HOURS:	