

BGSU Firelands Governance Document Form	Academic Committees	Advisor Recommendation
Approved by:	Date Approved: 2/24/12	<b>FC 4143</b>

TO: Academic Review Board

FROM: \_\_\_\_\_, Advising Specialist

RE: \_\_\_\_\_ PID# \_\_\_\_\_

DATE: \_\_\_\_\_

I do not recommend reinstatement.

I recommend reinstatement.

I recommend reinstatement with the following conditions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I recommend the following waiver/substitutions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

RATIONALE FOR ABOVE RECOMMENDATION:

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