



READMISSION FORM

This form is to be completed by the student who has been academically suspended for one or more semesters and wishes to return. *Students who have been placed on academic suspension are only allowed to take one course, ACA-085, during the term of their suspension.*

Student ID Number: _____

Last Name	First Name	Middle
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Term Suspended:_____	Curriculum When Suspended:_____
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Term of Reentry:_____	Curriculum Upon Readmission:_____
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- ☐ Check if this is a one term extension based on Change of Program.
☐ Check if this is a one term extension based on "Other" indicated below.

RECOMMENDATIONS

_____ ACA 085	_____ Reduce Course Load
_____ Developmental Courses	_____ Career Planning
_____ Change Major to: _____	_____ Success Plan (Success Team)
_____ Other: _____	

Check the box next to the signature line for electronic signature.

Signature of Department Chair	Date
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Signature of Student	Date
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Signature of Director of Admissions	Date
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Signature of Vice President of Student Services or his/her Designee	Date
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