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STUDENT READMISSION FORM

FROM ACADEMIC SUSPENSION, DISMISSAL, INDEFINITE DISMISSAL

(COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL FOR ENROLLMENT)

NAME: _____ ID#: _____

PHONE: _____ EMAIL: _____

SEMESTER SUSPENDED: FALL SPRING SUMMER I SUMMER II (circle one)

YEAR SUSPENDED: _____ REQUESTED RETURNING SEMESTER: _____

Please explain the circumstances which have led to your being placed on the current academic status.

What has changed in your circumstances (please be specific) that would promote your being successful academically this upcoming semester?

If readmission is granted, what specific positive steps will you take to ensure scholastic improvement?

STUDENT SIGNATURE

DATE

APPROVAL

YES

☐

NO

☐

REASON: _____

APPROVAL SIGNATURE: _____ DATE: _____