

APPEAL FOR READMISSION TO COLLEGE

Requested Term for Readmission _____

Name _____ SSN or ID _____

Address _____
Street City State Zip Code

Phone: (Home) _____ (Business) _____

Academic Status: _____ Suspension _____ Dismissal _____ Semester _____ Year _____

Present Curriculum _____

Curriculum Requested (must consult with counselor/advisor) _____

Signature of Counselor/Advisor _____

Explain the circumstances which contributed to your low Grade Point Average (GPA) (*use reverse side if necessary*):

Explain why you feel you should be readmitted to the above requested curriculum (*use reverse side if necessary*):

Student Signature Date

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FOR OFFICE USE:

Approved _____ Disapproved _____

Condition of Approval _____

Reason for Disapproval _____

Coordinator of Admissions and Records
Date _____

Chairman, Academic Standards, Scholarship,
and Financial Aid Committee