## **APPEAL FOR READMISSION TO COLLEGE**

Requested Term for Readmission					
Name	SSN or ID				
Address					
Street		City	State	Zip Code	
Phone: (Home)		(Business) DismissalSemesterYear			
Academic Status:	Suspension	Dismissal	Semester Year		
Present Curriculum				<del></del>	
Curriculum Requested (1	must consult with cou	nselor/advisor)			
Signature of Counselor/A	Advisor				
Explain the circumstance reverse side if necessary):	es which contribut	ed to your low G	rade Point Av	verage (GPA) (use	
Explain why you feel you reverse side if necessary):	i should be readmi	itted to the above	requested cu	rriculum (use	
Student Signature					
 FOR OFFICE USE:					
Approved		Disapprove	ed		
Condition of Approval _ Reason for Disapproval					
Coordinator of Admissi	ions and Records		rman, Academic Financial Aid Co	Standards, Scholarship,	