

**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