

PETITION FOR RE-ADMITTANCE AFTER SUSPENSION OR DISMISSAL

You may make an appointment to meet with your advisor no earlier than 30 days after your suspension notice. (Dismissals require one year.)

Date: CF ID No.:					
Legal Name:					
Last	First		Middle (complete)	Jr., etc.	
Telephone No.:	elephone No.: CF Academic Program Code:				
Current GPA:	Last semester attended:	No. of hours attempted:			
	tter with a description of even n since academic difficulties o		_	oension/any	
Student Signature			Da	ate (MM/DD/YY)	
To Be Completed by A	Advisor.				
	ved by advisor with following aca for checked boxes provided below.		plan/strategies for impro	ovement:	
Check with instructor regularly for progress in class			Repeat course(s) not passed		
Seek free tutoring at Math and/or Skills Lab			Other course suggestions		
Complete course(s) taken this semester		Change in program of study			
Withdraw from class(es) if needed by deadline date		Meet with advisor			
Career assessment test		Recommended course load:			
Referral given to:					
			Other (specify):		
Approved Re	efer to Petitions Committee				
Advisor Signature			Da	ate (MM/DD/YY)	
Enrollment Services /	/Committee Use Only.				
	·				
Date of Decision (MM/DD/YY):		D .	D 1/2 0 4 (DD /27)		
Processed by:		_ Date	e Processed (MM/DD/YY):		
Committee Action:	☐ Approve ☐ Deny				
Signature:		Signature Date (MM/DD/YY):			
Added to Petitions Log:		Date Added (MM/DD/YY):			

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