



**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.: _____ CF Academic Program Code: _____

Current GPA: _____ Last semester attended: _____ No. of hours attempted: _____

You must attach a letter with a description of events that led to academic suspension/any change(s) in situation since academic difficulties experienced.

Student Signature Date (MM/DD/YY)

To Be Completed by Advisor.

Re-admittance approved by advisor with following academic plan/strategies for improvement:

Additional information for checked boxes provided below.

- | | |
|--|--|
| <input type="checkbox"/> Check with instructor regularly for progress in class | <input type="checkbox"/> Repeat course(s) not passed |
| <input type="checkbox"/> Seek free tutoring at Math and/or Skills Lab | <input type="checkbox"/> Other course suggestions |
| <input type="checkbox"/> Complete course(s) taken this semester | <input type="checkbox"/> Change in program of study |
| <input type="checkbox"/> Withdraw from class(es) if needed by deadline date | <input type="checkbox"/> Meet with advisor |
| <input type="checkbox"/> Career assessment test | <input type="checkbox"/> Recommended course load: |
| <input type="checkbox"/> Referral given to: _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Other (specify): _____

- Approved Refer to Petitions Committee

Advisor Signature Date (MM/DD/YY)

Enrollment Services/Committee Use Only.

Date of Decision (MM/DD/YY): _____

Processed by: _____ Date Processed (MM/DD/YY): _____

Committee Action: Approve Deny

Signature: _____ Signature Date (MM/DD/YY): _____

Added to Petitions Log: _____ Date Added (MM/DD/YY): _____