



**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. Academic readmittance does not guarantee financial aid eligibility.

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: _____ | _____ |
| _____ | _____ |
| _____ | <input type="checkbox"/> 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): _____