

READMISSION FORM

Office of the Vice President for Academic Affairs

Student Name: _____

Student ID#: _____

Date of Last Semester Attended: _____

The above student has been readmitted on the following conditions:

1. No Restrictions; ***or***

2. Required to repeat and "petition" the following courses:

_____ / _____ / _____ / _____

3. Meet with a member of the advising staff or special program advisor:

4. Additional Restrictions:

Copy of Petition For Readmission Attached: Yes No

5. Student is eligible for FRESH START: Yes No

6. Registrar will add this student's name to the FRESH START list for: Fall (Year) _____ Spring (Year) _____

7. Copy of FRESH START contract attached: Yes No

*Asst. Vice President of Academic Administration, **or***
*Director of Academic Advising Services, **or***
Designee

Date

NOTE TO STUDENT:

- ***Your financial aid may be affected by your academic status.***
- *Readmission does not automatically restore financial aid.*
- *Questions regarding financial aid will be answered by the Financial Aid Office, Room Frost 201.*