READMISSION FORM

This form is to be completed by the student who has been academically suspended for one or more semesters and wishes to return. *Students who have been placed on academic suspension are only allowed to take one course, ACA-085, during the term of their suspension.*

Student ID Number: _____

Last Name **First Name** **Middle**

Term Suspended:_____ Curriculum When Suspended:_____

Term of Reentry:_____ Curriculum Upon Readmission:_____

☐ Check if this is a one term extension based on Change of Program.
☐ Check if this is a one term extension based on "Other" indicated below.

RECOMMENDATIONS

_____ ACA 085 _____ Reduce Course Load

_____ Developmental Courses _____ Career Planning

_____ Change Major to: _____ _____ Success Plan (Success Team)

_____ Other: _____

Signature of Department Chair **Date**

Signature of Student **Date**

Signature of Director of Admissions **Date**

Signature of Vice President of Student Services or his/her Designee **Date**

Revised: 09/07/2017