



Readmission after Academic Disqualification

To: The Academic Petitions Committee

Date _____

Name _____
Last First

Student ID _____

Address _____
Street
City State Zip

Telephone _____

Major _____

E-mail: _____

I am applying to be readmitted following a:

☐ One-Semester Pathway

☐ Two-Semester Pathway

☐ Exception to the policy

***ATTN: Students cannot be re-admitted into pre-Health.**

Please see below for more information on the required documentation for each option listed.

Signature of Student: _____

Recommendation of Faculty or Advisor in which petitioner's major falls (REQUIRED)

Support ☐ Don't support ☐ Comments: _____

Faculty or Advisor Signature: _____ Date Signed: _____

Printed Faculty or Advisor name: _____

Academic Petitions Committee Action: Approved ☐ Denied ☐

Date: _____

Comments: _____