

APPEAL FOR READMISSION

Name:

Local Address:

Permanent Address:

Semester Average: Overall Average: Classification:

Number of terms suspended: ACT/SAT scores:

Basis for request:

_____ Date

_____ Signature of student

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() recommend () do not recommend that the above named student be readmitted.

Comments: _____

_____ Date

_____ Academic Dean

=====
() recommend () do not recommend that the above named student be readmitted.

Comments: _____

_____ Date

_____ Authorized Student Affairs Representative

=====
() recommend () do not recommend that the above named student be readmitted.

Comments: _____

_____ Date

_____ Authorized Academic Affairs Representative