PETITION FOR READMISSION AFTER DISMISSAL

Name:					Date:		
ID#: _		Maj	or:	Email:			
Local Mailing Address:				Local Phone:			
Semes	ster stu	dent was placed on A	cademic Dismis	ssal			
				one calendar year after checklist will constitute		lemic dismissal may	
	Student-written petition signed by the student to include:						
		Statement explaining how circumstances have changed making academic improvement a realisti goal;					
		Major at the time of academic dismissal;					
		Date of last period of enrollment.					
	Copy	by of supporting documentation from physician, counselor, etc.					
	Copy	by of MSU transcript.					
		etters from advisor/department head in support of petition and outlining any special conditions for admission.					
-	nments	/Conditions:		e approved by the Dean			
Student's Printed Name			Date	Student's Sign	ature	Date	
Advisor's Printed Name			Date	Advisor's Sign	ature	Date	
Department Head's Printed Name			Date	Department H	ead's Signature	Date	
Dean's Printed Name			Date	Dean's Signatu	ıre	Date	

**If the student has not been out for one calendar year or if this is a petition following a second academic dismissal then the petition must be approved by the Provost's Office upon the positive recommendation of the Dean.

Provost's Office Signature

Date

Provost's Office Printed Name

Date