PETITION FOR READMISSION AFTER DISMISSAL

Nam	ne:		Date:	Date:	
			Email:		
Local Mailing Address:			Local Phone:		
Sem	ester student was placed on Ac	cademic Dismis	ssal		
			one calendar year after receiving a checklist will constitute the petition:		
	Student-written petition sig	ned by the stud	lent to include:		
	□ Statement explainin goal;	g how circums	tances have changed making acader	nic improvement a realistic	
	☐ Major at the time of academic dismissal;				
	□ Date of last period of enrollment.				
	Copy of supporting documentation from physician, counselor, etc.				
	Copy of MSU transcript.				
	Letters from advisor/depart readmission.	rs from advisor/department head in support of petition and outlining any special conditions for nission.			
The	petition for readmission afte	r dismissal m	ast be approved by the Dean before	re the 15 th day of class.	
Com	nments/Conditions:				
		_			
Student's Printed Name			Student's Signature	Date	
Advisor's Printed Name		Date	Advisor's Signature	Date	
Department Head's Printed Name		Date	Department Head's Signatur	re Date	
Dean's Printed Name		Date	Dean's Signature	Date	
Vice President for Academic Affairs'		Date	Vice President for Academic	Affairs' 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 Vice President for Academic Affairs upon the positive recommendation of the Dean.

Printed Name

Signature