## PETITION FOR READMISSION AFTER DISMISSAL

Name:			D	Date:		
	Majo					
Local Mailing Address:			Local Phone:	Local Phone:		
Seme	ester student was placed on Ac	cademic Dismi	ssal			
	ident who has remained out of ion for readmission. All items				c 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 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 mission.				
The	petition for readmission afte	r dismissal m	ust be approved by the De	ean before the 3 <sup>rd</sup>	day of class.	
Com	ments/Conditions:					
Student's Printed Name		<b>Date</b>	Student's Signatur	re	Date	
Advisor's Printed Name		Date	Advisor's Signatur	re	Date	
Department Head's Printed Name		<b>Date</b>	Department Head's Signature	s Signature	Date	
Dean's Printed Name		Date	Dean's Signature		Date	
Vice President for Academic Affairs'		<b>Date</b>	Vice President for	Academic Affairs'	——————————————————————————————————————	

\*\*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.

**Signature** 

**Printed Name**