

211LR#UDG X D W B L H V

APP (\$ / FOR READMISSION\$) 7 (5 6 8 6 3 (1 6 , 2 1

FOR _____ B B B B B _____
Semester Year

Name: _____
Last First M.I. W Q X P E H U

Address: _____ College: _____
Degree: _____
City State Zip Major: _____

Obtain the following information from the most recent grade report or from the transcript.

GPA	Hours Attempted	Hours Earned	Quality Points
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Last semester totals: _____

Overall totals: _____

Number of dismissals at graduate level: _____

Have you filed a previous appeal? Yes

TO BE COMPLETED BY GRADUATE COORDINATOR ~~OR~~ DEPARTMENT HEAD

Name: _____ W# _____

College: _____ Degree: _____ Major: _____

Recommendation: Yes: s s i o n ? No: _____

Justification for recommendation:

- First dismissal
- Student has corrected problem(s) resulting in dismissal
- Other

4. Semester recommended for readmission: _____
Semester Year

5. Readmission recommendation

Graduate Coordinator Date

Department Head Date

Academic Dean Date