

Intended Major: _____

Cuyahoga Community College Petition for Readmission

	N. C.									
Tri-C	ID Number S-									
	Admissions Appeals Board me s to be considered for readmis		academically dismis	ssed students. Plea	se complete the following					
1.	Complete all items and ques	tions on the front page of	this Petition for Rea	admission.						
2.	After answering the questions, make an appointment with your academic counselor to discuss this petition and future academic plans. The counselor will add a recommendation regarding your petition and sign the form.									
3.	 Submit the completed petition, including the counselor's recommendation and signature, to Admissions and Enrollment Services. 									
		ent Services email addres u and WSregistration@tri-	_	n@tri-c.edu, metror	egistration@tri-c.edu,					
4.	4. If your petition is approved, you will be notified via email with instructions for registering for the approved courses.									
5.	Attach any additional informa	tion that may help the co	unselor and Appeals	Board better unde	erstand your situation.					
	se Note: This petition must be to be readmitted.	submitted at least three	business days prior	to the first day of t	he academic term you					
Th	e Appeals Board will notify you	of its decision in writing.								
	order to make an informed dec									
ca	refully. Your answers are confid	_		the Appeals Board.						
		Please	print in ink							
Stu	udent Name:									
	Last		First		Middle					
Ad	dress:	City:		State:	ZIP:					
Da	aytime Phone:									
0 -		Alle of December 1 and 1								
Se	emester/Part of Term/Year Re	questing Readmission:								
Su	ımmer:	Fall:	Spring:							
1.	Please describe, to the best	of your ability, the factors	and/or problems th	at contributed to yo	our academic dismissal.					
2.	. What specific steps have you taken to resolve or relieve these factors and/or problems?									
3.	In view of your total situation factors, etc.), what are your				aknesses, external					

For Counselor and AES	Director Use O	nly:			
Counselor comments:					
Exception if applicable:					
Yes No Co	unselor requests	the AES director to	call for addit	ional information.	
Recommended Courses	:				
Students may register for a	a maximum of two	courses. Please ind	clude corequis	ites for the recommended co	urses.
Department		Course Number	Title		Credit Hours
				TOTAL	
Counselor Signature:				Date:	
Counselor Printed Name:					
Admissions Appeals Bo		.d TEDRA	_		
Petition Approved	Petition Denie	ea i erivi	·		
Approval/Denial Comme	nts:				
Chairperson Signature:_	Date:				
Board Member(s) Signat	ure(e):				
				5.	
				Date:	