

**Cuyahoga Community College
Admissions Appeals Board
Petition for Readmission**

Tri-C ID Number

The Admissions Appeals Board meets each term to readmit academically dismissed students. Please complete the following steps for readmission consideration.

1. Complete items 1-3 (below) on this Petition for Readmission.
2. After answering these questions, please make an appointment with your academic counselor to discuss this petition and your 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 the Enrollment Center.

PLEASE NOTE: ***This petition must be submitted at least ten business days prior to the first day of the academic term you wish to be readmitted.***

The Appeals Board will notify you of its decision in writing. In order to make an informed decision about your petition, additional information is needed. Please answer the following questions as thoughtfully and carefully as possible. Your answers are confidential and will be used by the Counselor and the Admissions Appeals Board.

Please print in ink

Name: _____
Last
First
Middle

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____ (____) _____ (____) _____
Home
Business
Cell

Term/Year Requesting Readmission: Summer _____ Spring _____ Fall _____

(1) Please describe, to the best of your ability, the factors and/or problems that contributed to your 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 (academic records, skills, personal interests, strengths and weaknesses, external factors, etc.), what are your specific educational and vocational plans and intended major?

Intended Major: _____

Please attach any additional information that may help the Counselor and Appeals Board better understand your situation.

Please make an appointment to see an Academic Counselor to review the completed form

Counselor Only

Ten Years Inactive: Yes No

Counselor's comments _____

Recommended Courses

Department	Course Number	Title	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL _____

Counselor's Signature _____ Date _____

ADMISSIONS APPEALS BOARD DECISION

Petition Approved Petition Denied/Reason _____ Term _____

Approval/Denial comments _____

Chairperson's Signature _____ Date _____

Board Member(s) Signature(s) _____ Date _____

_____ Date _____