

**COLUMBUS STATE COMMUNITY COLLEGE
PETITION FOR ACADEMIC REVIEW**

MUST BE COMPLETED 60 DAYS PRIOR TO THE START OF THE SEMESTER FOR WHICH YOU SEEK READMISSION

PLEASE **PRINT LEGIBLY** AND COMPLETE THE GRAY SECTION PRIOR TO MEETING WITH YOUR ADVISOR

CougarID: _____

Name: (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): (Home) _____ (Cell) _____ (Work) _____

Please explain what led to this dismissal. Attach any supporting documentation to the petition.

Identify and describe three to five ways you will modify your behavior to assist in your academic success. Continue on a separate sheet, if needed.

ADVISOR TO COMPLETE

Semester of Review: _____ Program of Study: _____

Total GPA Credits: _____ Cumulative GPA: _____

COURSE RECOMMENDATIONS:

Semester/Year: _____		Semester/Year: _____	
Course	Credits	Course	Credits

In signing below, I understand that the Academic Review Board will review my petition and determine whether another readmission is warranted. The decision of the Academic Review Board will be final.

Student Signature _____ Date _____

Advisor Signature _____ Date _____