COLUMBUS STATE COMMUNITY COLLEGE
PETITION FOR ACADEMIC READMISSION

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: _____ Apt: _____

City: _____ State: _____ Zip: _____

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

Hours per week you study? _____ work? _____ commit to other activities? _____

What caused your academic difficulty? (e.g., medical/personal problems, not ready for college, employment, time management, death/illness, finances, study/testing skills, career indecision, lack of support, etc.)

1. _____

2. _____

3. _____

List three ways you plan to improve your academic performance. Be specific with your plan.

1. _____

2. _____

3. _____

ADVISOR TO COMPLETE

Semester/ Dismissal: _____ Semester/ Re-Enrollment: _____

Total GPA Credits: _____ Cumulative GPA: _____

Standards of Satisfactory Academic Progress

Total GPA Credits	*GPA*
1 – 16	**1.50**
17 – 32	**1.60**
33 – 43	**1.75**
44 – 54	**1.90**
55+	**2.00**

CONDITIONS OF REINSTATEMENT and COURSE RECOMMENDATIONS:

1. Earn a minimum term GPA of 2.0 beginning _____ Semester, 20___.
2. Meet with Advisor: _____
3. _____
4. _____
5. _____

In signing below, I understand that I must make satisfactory progress in accordance with the Standards of Satisfactory Academic Progress and meet the conditions of reinstatement specified above, including receiving a 2.0 term grade point average (GPA) in order to be eligible for continued enrollment.

_____ _____ ☐ Approved ☐ Denied

Student Signature Date Advisor Signature Date