



RECOMMENDATION FOR
SUSPENSION READMISSION

Student ID Number	Date
T	

Name Enrolled Under (Last, First, Middle, Other)

Readmission Term: _____ Last Term Attended: _____

Appointment Date: _____ Time: _____ With: _____

Describe extenuating circumstances for readmission:

The College Dean will make the following recommendation concerning the above named student:

- Readmission Denied
- Readmit on continued academic probation
(Readmission by appeal DOES NOT re-establish eligibility for financial aid—including Pell grants, loans, scholarships, etc.)

Readmit with the following conditions:

- for a maximum of _____ hours*
*Cannot exceed 12 hours per Class Load Policy in ATU Catalog
- other (please specify) _____

Signature of College Dean

Registrar's Office Use Only:

- SFAREGS SGASTDN SPACMNT SHATCMT
- Continued Probation (R): changed on system to allow registration
- Suspension

(Initials) (Date)