

## **PETITION FOR READMISSION**

**Directions to the student**: Meet with an academic advisor or program director in the college to which you are seeking readmission to discuss readmission criteria and devise an academic plan for completing your degree requirements. Prepare a typed statement that clearly articulates your academic goals, why you believe you should be readmitted, and your academic plan for returning to good standing and completing your degree requirements. Submit this petition to your advisor or program director for a recommendation at least 30 days prior to the semester in which you are seeking readmission. You will be notified via email of the decision.

CONTACT INFORMATION:		
Name:	E-mail:	
CSU ID:	Telephone:	
Address:		
ACADEMIC INFORMATION:		
<b>Proposed Term of Readmission:</b> ☐ Fall Semester_	□ Spring Semester □ Summer Term	
Proposed Major/Program:	Anticipated graduation date:	
☐ I have <u>not</u> attended another college or universi	ity since my dismissal/suspension from Cleveland State University.	
☐ I have attended another college or university si	ince my dismissal/suspension from Cleveland State University.*	
• •	niversity, official transcripts from those schools must be submitted are currently taking courses at another school, please provide a copy ipt.	
$\square$ Transcripts from all previous schools hav	e been sent to CSU.	
pathway to higher education and successful re-entr	ore than their record. We are dedicated to providing an inclusive ry for the formerly incarcerated. The university will fairly consider onvictions. Responses to these questions are kept confidential.	
	riminal offense (excluding offenses that would be classified under ffic offenses, disorderly conduct, possession of drug paraphernalia, $\square$ YES $\square$ NO	
	d, placed on probation, or otherwise involuntarily separated from a ndrawn to avoid such involuntary separation for a NON-ACADEMIC $\square$ YES $\square$ NO	
	a separate statement regarding your case (e.g. date the incident/s bationary period, details and circumstances) IN ADDITION TO your Readmission form.	
Student Signature:	Date:	

With my signature, I authorize the Petitions Committee to review any pertinent academic records.

PROGRAM DIRECTOR RECOMMENDA	TION: I support/ I do not suppo	rt this petition.
Program Director Name	Signature	Date
Program Director Comments (may also	o be submitted via email to levinstudents@cs	uohio.edu):
ADVISOR RECOMMENDATION (option support/ I do not support/		
support	this petition.	
Academic Advisor Name	Signature	Date
Advisor Comments:		

Complete petitions and supplemental materials may be submitted via email to <a href="mailto:levinstudents@csuohio.edu">levinstudents@csuohio.edu</a>.