

THE UNIVERSITY OF FINDLAY
APPLICATION FOR REVIEW OF SUSPENSION STATUS

Name _____ Student I.D. # _____

Address _____
(Street) (City/State/Zip)

Home phone: (____) _____ - _____

Cell phone: (____) _____ - _____

E-Mail _____
Please Print Clearly

Major _____ Most recent advisor _____

I am applying for readmission for _____ (Semester), _____ (Year)

List all other institutions you have attended since leaving UF. Please make arrangements to have transcripts from those schools sent to the Office of the Registrar.

Note: To take classes at another school while under suspension requires that you submit a completed "Transient or Correspondence Approval" form to the Office of the Registrar. Failure to submit this form may result in those classes not being accepted here.

Required Letter: Please submit with this cover sheet your explanation of

- the reason(s) for your poor performance,
- why you believe you will be successful this time, and

Any readmission decision will include mandatory participation in an academic support program. Your advisor upon your return will be Mrs. Donna M. Smith until your academic standing improves.

Send this cover sheet and letter to the following address:

Academic Support Center, 1000 N. Main Street · Findlay, OH 45840-3695
Phone: 419-434-4697 Fax: 419-434-5748

I give the members of the Academic Suspension Review Committee permission to discuss academic, financial, personal, or social concerns with pertinent faculty, staff, counselors, or administrators at The University of Findlay or others as might be indicated in order to assess my application for readmission from suspension.

(Print name)

(Signature and date)

Revised 7/2005