

**PETITION FOR READMISSION**

Form#: \_\_\_\_\_

*Office of the Vice President for Academic and Student Affairs*

**Academic dismissal is a serious predicament and warrants a careful examination of the causes, and a plan of action to eliminate the possibility of a recurrence. All students who have been dismissed from Holyoke Community College must complete and submit this form to the Academic Affairs Office. Each section must be answered thoroughly. Incomplete sections will cause your request to be dismissed without consideration.**

If you were dismissed with an AW in one or more classes for medical reasons, you may obtain a letter from your physician stating the circumstances surrounding your inability to attend classes. Students who have a physician's letter do not need to complete this form. Instead, attach the physician's letter to this form and return it to the Academic Affairs Office. You will receive a call to schedule an appointment to discuss readmission.

**\*\*This form is due by 4:30 p.m. on \_\_\_\_\_\*\***

**Please Print or Type Clearly**

**Student ID#:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (MI) (Last Name) (Cell Phone #)

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (State) (Zip)

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1. Are you receiving financial aid?  YES  NO
    - If yes, are you in the appeal process?  YES  NO
  
  2. Have you ever met your Advisor?  YES  NO
    - If yes, what is the name of your Advisor? \_\_\_\_\_
  
  3. Have you received services from the ACT Center?  YES  NO
    - If yes, did you discuss your academic performance?  YES  NO
    - What steps did you take?  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Request readmission for:** Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_





