<u>H</u> OLYOKE
COMMUNITY
COLLEGE

PETITION FOR READMISSION

Form#:	
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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 fo	orm is due by 4:30 p.m. on	**
Please Print or Type Clearl	у	
Student ID#:		
Student Name:		
(First Name)	(MI) (Last Name)	(Cell Phone #)
Address:	/	/ /
(Street)	/(City)	(State) (Zip)
 Have you ever met your A If yes, what Have you received services If yes, did y 	you in the appeal process? ☐ YES	NO

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	FOR OFFICE USE OF	NLY:	
Request readmission for: Fall:	Spring:	Issued by:	Date:

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) State clearly all of the reasons you were unsuccessful.		

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2) If you are allowed to return, what steps will you take in order to prevent this situation from reoccurring? Design a plan that addresses all aspects of your life that affected the outcome of your last semester (academic, social, personal, employment, etc.). Be certain to incorporate the use of any or all college support systems that are necessary. Refer to the Student Guide and Handbook and the College Catalog. If you need more space to answer this question, you may attach an additional sheet.
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) Please provide ar	ny additional facts that should be considered in evaluating your request.

Once completed, mail or hand-carry this form to:

Office of the Vice President for Academic and Student Affairs
Frost Building, Room 317
Holyoke Community College
303 Homestead Avenue
Holyoke MA 01040

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