

## After Academic Dismissal

Petition must be submitted at least **90 days** prior to re-enrollment

Name:		Student ID #:						
	Last	First		Middl				
Address:					A . 1 . 11	C'I	7'	
	Street				Apt.#	City	Zip	
	ber (daytime): _							
	er of Dismissal: _	Year				_	ummer	
Year/Quarte	er of intended re		Year	Fall	□ Winter	Spring	☐ Summer	
Intended ac	ademic progran	n (major):						
Completion	Coach or Couns	selor:						
				Last			First	
	<b>S</b> : You may requals form and ma		nt followin	g the o	ne-year acade	emic dismissa	period. Please	
• You will I Student	ON 20th Ave., Moo, WA 99301-33 be scheduled to Services, the Assertation of the services.	7 <b>79</b> meet with a Re ssociate Dean fo	r Student	Retenti	on & Completi	•		
•	ntative of the ac							
	ion of your mee				-			
perform	be expected to pance and your pe to suggest you	roposed strateg	gy for acad	emic sı	iccess. It is yo		•	
	statement Com does not guara		_	einstat	e you. Please ເ	understand th	at completing th	is
contacted to p	e Committee and ti	to the Reinstateme	ent Committe	e that w	ill help them deci	de on possible re	nderstand I will be einstatement. I furthe ment does not guarar	
Signature: _						Date:		
	Office Use Or Date petition	<b>nly</b> received in Counse	eling/Advising	g Office				

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