



## PETITION FOR READMISSION

Note: Students applying the Petition for Readmission after 12 months from the last day of attendance will be required to pay \$100 readmission fee (non-refundable). Your petition will be returned **unprocessed** unless accompanied by this fee.

Readmission requested for the  Winter  Spring  Summer  Fall Year \_\_\_\_\_

<b>Student ID#</b>	<b>Social Security #</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<b>Date of Birth:</b> Month/ Day/ Year	
<b>Name:</b>	Last	First	Middle	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone No.</b>		<b>Email Address.</b>		

Name under which you were last registered at CalUMS (if different from above): \_\_\_\_\_  
Last First Middle

<b>First Term Reigstered:</b> <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year _____	<b>Last Term Reigstered:</b> <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year _____
<b>Degree/ Program prior to withdrawal/dismissal:</b>	<b>Requested Degree/Program upon readmission:</b>

**Institution attended during absence (if applicable):**

Name of the Institution	Address	Admission Date	Withdrawl Date
_____	_____	_____	_____
_____	_____	_____	_____

Describe the changes in behavior or circumstances that will support the request for readmission.

\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>- For Office Use Only -</b>	
Readmission requested	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reasons/ Recommendation:	_____
Action Taken:	_____ _____
Signature _____	Date _____
<i>Admissions Director</i>	