Readmission Petition

Sinclair Community College

If you have been dismissed from Sinclair and wish to be readmitted, please submit this completed petition to an academic advisor located in Building 11, Room 11346. If you have any questions, please contact Academic Advising at (937) 512-3700.

NAME _____ SS # / TARTAN CARD # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAJOR/PROGRAM _____

PHONE (HOME) _____ (WORK) _____

TERM for readmission consideration _____

In the space below, explain in detail the circumstances that led to your dismissal and explain why you believe your readmission at this time will result in academic success. (Use an additional sheet if necessary.)

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Confidentiality: Student records are protected under the Family Educational Rights and Privacy Act (FERPA). Information will be shared with college personnel with a legitimate educational interest.

❑ I understand and agree that if I am readmitted to Sinclair, a copy of this petition and conditions of my readmission will be sent to Counseling Services.

_____ _____

SIGNATURE DATE

Sinclair Community College, 444 West Third Street, Dayton, Ohio 45402-1460

Academic Advising Center, Building 11, Room 11346 • (937) 512-3700

Your levy support guarantees quality and affordability.

revised 4/2008