Application for Readmission following Academic Dismissal

Student ID: Today's date:

Name: Email: Phone:

Readmission desired for Session: Year:

NOTICE: this information is requested to facilitate consideration of your application for readmission. All information other than directory information is confidential and will not be released to third parties. All items are required. Therefore, incomplete forms may not be processed.

*What were the causes of your academic performance? How have these factors been reduced or eliminated? Be specific

*Outline your academic goals and immediate plans to reach those goals if readmission is granted.

List specific courses that you plan to complete in your next registration.

Occupations or jobs since last enrollment at Graceland (include dates, occupations, employer's name.)

*Schools or colleges attended SINCE LAST ENROLLMENT at Graceland (provide transcript copy):

It is hereby certified that the information I have provided on this application for readmission, and any additional material I may provide in support of this application is complete, accurate and true. It is understood that misrepresentation, omission of relevant information or failure to provide complete information may cause delay of consideration, or cancellation of the application or registration.

I understand that my registration is subject to cancellation if I fail to abide by specified restrictions under which I may be readmitted. In addition, I understand that the decision of the Curricular Adjustment Committee is final and there is no appeal process.

*Student's signature: Today's date: