

READMISSION REQUEST FORM

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

Telephone _____ HuskyNet E-mail address _____@stcloudstate.edu

Previously suspended? Yes No If so, what term? _____ Intended or Declared Major _____

The University requires a 2.0 cumulative GPA for students to be in good standing. Readmission is considered **ONLY** in extenuating circumstances with documentation. Documentation includes statements from a medical doctor, mental health professional, judge, lawyer, etc. **REQUESTS WITHOUT DOCUMENTATION WILL NOT BE CONSIDERED.** Completion of the following information is required as part of your appeal to be reinstated to St. Cloud State University following your suspension. The University wants to know what extenuating or serious conditions existed to cause your probation and suspension, and how you have changed these conditions so you can to be successful.

1. Please describe the extenuating circumstances causing your low grade point average and/or lack of progress leading to your suspension. (Include documentation)

2. For consideration of readmission, state the changes you have made or how the conditions in question 1 have changed to eliminate the problem causing your suspension.

REMINDER: Students admitted to the institution do NOT automatically become eligible for financial aid. For information about SCSU's financial aid policy and appeal procedures, please contact the Office of Scholarships and Financial Aid, AS-106, at 320-308-2047.

Student's Signature _____ Date _____

You may Fax this form to 320-308-5274 or submit it at Centennial Hall 208