

Readmission after Suspension

Instructions: Please complete this form to provide information based on your understanding of your current academic standing. See your advisor or departmental chairperson for assistance, if needed. The completed form is to be forwarded to your academic dean prior to your conference with him/her. The form is returned to the Admissions Office in preparation for committee review. Please note that the committee will also review copies of your transcripts that provide official data related to your academic standing.

GENERAL INFORMATION

Name _____
last *first* *middle or maiden*

Mailing Address _____
 number and street, P.O. box or apt. # city state zip county (example: Putnam)

Tech ID Number (T #) _____ Date _____

Current Phone # _____ Current E-mail _____

COLLEGE INFORMATION

Request readmission for _____ Semester 20 _____

A. Number of Terms of Enrollment	Fall or Spring (dates)	Summer (dates)	Currently Enrolled (yes or no)
at Tennessee Technological University:	_____	_____	_____
other institutions (identify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Number of Credit Hours Earned at TTU: _____ at other institutions: _____

C. Cumulative Higher Education Quality Point Average: _____ Cumulative TTU Quality Point Average: _____
 (includes both TTU and transfer work)

D. Number of credit hours without course repeats that must be earned at a 3.0 grade level ("B" average) to increase your cumulative higher education quality point average to 2.0 (minimum required for graduation): _____ Expected Date of Graduation: _____

E. (Planned) Major(s): _____ Minors(s): _____

Have grades earned in courses that apply to your major(s) and/or minor(s) been (please circle) BETTER ABOUT THE SAME POORER than grades earned in courses that apply to general education requirements?

(Continue on back)

ATTACH AN ADDITIONAL SHEET OF PAPER IF NEEDED TO ANSWER THESE QUESTIONS.

F. Please provide a brief statement to indicate why you believe it to be in your best interest to continue studies at the university during the upcoming semester.

G. Factors that have contributed to unacceptable performance to date: _____

H. Outline the plans you have developed to deal with factors listed above and to realize satisfactory academic performance: _____

UNIVERSITY USE ONLY - DO NOT WRITE BELOW THIS LINE.

RECOMMENDATION OF DEAN OF COLLEGE OR SCHOOL

Approve: _____ Deny: _____ No recommendation: _____ Comments: _____

Date: _____ Signature: _____

TO BE COMPLETED BY THE OFFICE OF ADMISSIONS

Attendance at TTU: Semester/Year _____ through Semester/Year _____ Classification _____

Total number of suspensions: _____ Major: _____ Total Hours Attempted: _____ Cumulative QPA: _____

Total Hours Minus First Repeats: _____ Composite ACT: _____ Total Hours Earned: _____

ACTION TAKEN BY COMMITTEE

Date: _____

Votes for: _____ Votes against: _____ Abstentions: _____ Approved: _____ Denied: _____

If approved, what conditions (if any) apply? Probation: _____ Load Limit: _____ (hours)

Other conditions: _____

