PETITION FOR READMISSION AFTER SUSPENSION

TO:

FROM:

GRADUATE PROGRAM:

RE: Petition for Readmission

DATE:

I have been advised that I must petition to be considered for re-admission next semester because of academic deficiency. I wish to submit the following statement in support of my request for the opportunity to return (please attach additional pages if necessary).

I feel my past failure has been due to:

I shall make every effort to correct my deficiencies by:

I am aware that any failure on my part to make satisfactory academic recovery will result in suspension or dismissal.

Signature: _____

Phone Number: _____

Address: _____
Address City State Zip

Email: _____

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Send this completed form to the Office of Graduate Studies and Research at least one semester before the anticipated semester of re-enrollment.

Send Original to:
Dakota State University
Office of Graduate Studies and Research
820 N Washington Ave
Madison, SD 57042