

Readmission Strategies for Success

Name: _____ Y#: _____

Course(s) applying for: _____

Semester applying for (i.e. fall 26 or spring 27) : _____

Last semester attended (i.e. fall 25 or spring 26): _____

Why do you think you were not successful in the previous semester:

Strategies for Success (Include 2):

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____