Central State University
Office of the Registrar

Important information regarding your Appeal for Readmission

A student who has been “Academically Suspended” from the University must remain out for a minimum of one semester, if this is the first time that the student has been Academically Suspended. A student who has been “Academically Suspended” for a second or more times must remain out for a minimum of two semesters. After a third “Academic Suspension” readmission may not be granted.

If you desire to be re-admitted to Central State University, you must arrange an appointment with your advisor for the purpose of preparing an **Appeal Form for Readmission, a Time Management Plan and a Student Readmission Agreement.** These forms are attached to this packet.

For assistance with determining who your academic advisor is, you may contact the Office of the Registrar at (937) 376-6231, or you may contact the Department Chair or Dean of your College.

The completed Appeal for Readmission and attendant documents, prepared with the assistance of your advisor, **must be presented to the Academic Standards Committee at least thirty (30) days prior to the beginning of the term in which you wish to enroll.** It may also be necessary to file a Satisfactory Academic Process Appeal Form with the Office of Financial Aid (call 937-376-6579.)

The Academic Standards Committee will review the Appeal for Readmission and all accompanying documents as supplied by you and your advisor. The Committee will make a decision regarding your readmission request based on the information that you have provided. **Please be aware that readmission to the University is not guaranteed.**

We wish you the best on your pursuit of higher education!
APPEAL FOR READMISSION

Date_________________ Phone: ______________________
Cell Phone: ______________________ E-Mail: ______________________

Name_________________________ Student ID: ______________________
Address _______________________________________________________________________
___________________________________________________________________________
Major ________________________________

I HEREBY APPEAL TO (State Specific Request) ___________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

EXPLAIN CLEARLY THE CIRCUMSTANCES RELATING TO THE NEED FOR THIS APPEAL. BE SURE TO INCLUDE ADEQUATE INFORMATION TO DESCRIBE THE SITUATION (Please print or type using black ink).

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(If necessary, attach additional documents to support this petition)
CIRCUMSTANCES / FINDINGS
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RECOMMENDATIONS: SUPPORT ☐   DO NOT SUPPORT ☐
____________________________  ________________
Faculty/Advisor           Date
________________________________________________________________________________________
________________________________________________________________________________________
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RECOMMENDATIONS: SUPPORT ☐   DO NOT SUPPORT ☐
____________________________  ________________
Department Chair           Date
________________________________________________________________________________________
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RECOMMENDATIONS: SUPPORT ☐   DO NOT SUPPORT ☐
____________________________  ________________
Dean           Date
________________________________________________________________________________________
________________________________________________________________________________________
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COMMITTEE ACTION: APPROVAL_________ DENIAL_________ DATE___________________

COMMENTS:
________________________________________________________________________________________
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Academic Standards Committee Chair
I understand that in order to have my appeal considered for readmission to Central State University, I must make a sincere commitment to improve my academic status. I further understand that if I am readmitted, I will adhere to the agreement outlined below. Otherwise, I may forfeit my privilege to receive financial aid and/or possibly risk being suspended from CSU.

I, __________________________________________________, will:

1. Repeat the following courses (List the courses below).

2. Show significant progress by earning enough “A’s” and “B’s” to offset the effect of low grades that I have earned.

3. Complete at least 12 credits per semester (if full-time) or the number of credits specified by the financial aid guidelines.

4. Earn a “C” or better in all classes completed.

5. Show a significant increase in my GPA in order to meet the required standards outlined in the financial aid handbook and the University catalog. I have received and understand the guidelines.

6. Schedule regular appointments with my advisor to update her/him on my academic progress. (The first appointment should be scheduled for the second week of classes).

7. Discuss class scheduling and any changes in course enrollment (adds/drops or withdrawal) with my advisor.

8. Prepare a weekly time management plan that is approved by my advisor.

Student’s Signature _______________________________ Date__________

Advisor’s Signature _______________________________ Date __________
CENTRAL STATE UNIVERSITY
Weekly Time Management Plan

Name _________________________________  Semester ______________  Year _______

**Semester Schedule**

Please indicate **only** your **regular** weekly commitments (include work, classes, study times, lunch, evenings, etc.). This will enable us to set meeting dates and times with the least number of conflicts.

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