



STUDENT REQUEST FOR ACADEMIC READMISSION
(This form must be submitted at least four weeks before the first day of classes for the semester you wish to enter.)

NAME: _____ DATE: _____
Last First MI

FORMER LAST NAME UNDER WHICH RECORDS MAY BE STORED: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDENT ID NUMBER (or SS #): _____ PHONE NUMBER (DAYTIME): _____

E-MAIL ADDRESS: _____

ARE YOU IN OR HAVE YOU COMPLETED THE **SOLUTIONS** PROGRAM? _____

LAST TERM ATTENDED N.C. STATE: _____

TERM AND YEAR YOU WISH TO REGISTER FOR CLASSES: _____

AREA OF STUDY (MAJOR): _____

Is this a change from the major you had when you were academically suspended? Yes No

CLASSES YOU WISH TO TAKE: _____

PLEASE LIST YOUR REGULAR WORKING HOURS: _____

WHY DO YOU WISH TO RETURN AS A STUDENT TO NC STATE?
(If more room is needed, check this box and go to page 2.)

IN THE PAST YOU HAD DIFFICULTY WITH YOUR GRADES. WHAT DO YOU PLAN TO DO DIFFERENTLY IN ORDER TO BE SUCCESSFUL IN YOUR ACADEMIC STUDIES? WHAT CHANGES WILL YOU MAKE?
(If more room is needed, check this box and go to page 2.)

Return this form to:	<u>US mail</u> Academic Services, F-7 North Central State College 2441 Kenwood Circle Mansfield, OH 44906-1546	<u>Fax</u> 419-755-4780 Attn: Academic Services F-7	<u>Email</u> tlykins@ncstatecollege.edu
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NOTE: The office of Academic Services will be in touch with you after an initial review of your request. If you need to contact this office, the phone number is (419) 755-4733.

**STUDENT REQUEST FOR ACADEMIC READMISSION
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NAME: _____ (continued)
Last First MI

STUDENT ID NUMBER (or SS #): _____

WHY DO YOU WISH TO RETURN AS A STUDENT TO NC STATE?

(continued from page 1)

IN THE PAST YOU HAD DIFFICULTY WITH YOUR GRADES. WHAT DO YOU PLAN TO DO DIFFERENTLY IN ORDER TO BE SUCCESSFUL IN YOUR ACADEMIC STUDIES? WHAT CHANGES WILL YOU MAKE?

(continued from page 1)