Academic Readmission Packet

**Deadlines for Readmission and SAP appeals:**
- Fall semester: July 15
- Spring semester: November 15
- Summer Semester: April 15

1. **Complete** the Readmission Application

2. **Write** a letter (typed) to the Dean. Answer the following questions clearly and completely:
   - What behaviors and circumstances led to your academic dismissal?
   - What changes have you made and what steps have you taken to ensure that the factors causing your earlier difficulties will not continue to cause you difficulties if you are reinstated?
   - What will you do to succeed in the program you have chosen?

3. **Submit** the required documents including the Readmission Application and letter to:

   **TOLEDO:**
   - Advising Office
   - Owens Community College
   - College Hall 130
   - P.O. Box 10,000
   - Oregon Road
   - Toledo, OH 43699
   - FAX 567-661-7716

   **FINDLAY:**
   - Advising Office
   - Owens Community College
   - Educational Center 112
   - 3200 Bright Road
   - Findlay, OH 45840
   - FAX 567-429-3027

4. **Resolve** any Student account issues. Should you have an outstanding balance contact the Collections Office at 567-661-7979. All balances must be paid in full in order to register for classes should you be readmitted to the college.

5. **Review** the following restrictions for the first semester after readmission. These restrictions are in place to put you in the best environment to be successful and raise your grade point average.

   **Restrictions:** part time enrollment and land based or hybrid classes only

6. **Meet** with an Oserve Advocate (CH 152 Toledo and EC 112 in Findlay) to review your Financial Aid Status. Should you have extenuating circumstances that contributed to your poor academic performance, a SAP appeal may be filed and submitted by the deadline listed above. Documentation of the extenuating circumstances will be required.

Once all documents have been received, a representative from the college will initiate contact with you (usually within a week) at the number you provided on the application. **It takes approximately 3 weeks to complete the readmission process.** Applications received past the deadline will be accepted but only considered for the next semester.
Academic Readmission Application

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Date:_______________________________________
Name:____________________________________________________
Phone:______________________________________
Owens Email Address:______________________________________
Social Security number or OCID:_____________________________
Semester applying for readmission:___________
Major:______________________________________

Do you intend on applying for Financial Aid? ______
*If yes, have you met with an Oserve Advocate to discuss your status? ______

By signing below, I understand that I must make satisfactory progress (a 2.0 gpa each semester) in order to be eligible for continued enrollment.

Signature:______________________________________ Date:_____________

**Complete applications will remain on file for 6 months from date received.**

For office use Only

Received:__________ Logged:__________ Complete:____ Complete:_______ Bursar Hold:______