Readmission Application

College Representative

OCID or last 4 digits of SSN:			OWENC
Name: (Last)			COMMUNITY COLLEGE
(First)			
Date of Birth: (mm/dd/yyyy)			
Address:			Apt:
Telephone Number(s): (Home)		(Cell)	
Hours per week you study?	work? com	mit to other activities?	
What caused your academic difficulty? (e.g. medical/personal problems, not ready for college, employment, time management, death/illness, finances, study/testing skills, career indecision, lack of support, etc.)			
1.			
2.			
3.			
List three ways you plan to improve your academic performance. Be specific with your plan.			
1.			
2.			
3.			
In signing below, I understand that I must make satisfactory process in achieving a 2.0 term grade point average (GPA) in order to be eligible for continued enrollment			
Student Signature		Date	
Term Credit Hours:			
Advisor to Complete			
Semester/Dismissal:	Seme	ester/RE-enrollment:	
Total GPA Credits: Cumula	ative GPA:		
Success Strategies and Course Recommendations:			

Date