

College of the Redwoods Readmission after Dismissal

IMPORTANT! All fields must be completed and documentation attached prior to review. Incomplete petitions will not be considered

Name			Student ID#	
Phone				
Email address @mycr.redwoods.edu				
Semester: Fall 20	Winter 20	Spring 20	Summer 20	
	ed the Academic Appeals	Committee will conside	mmendation to be readmitted. Once a er whether or not students may be	
			a detailed explanation of your inate those factors that caused	
Other college credImproved GPA as	enuating Circumstances dit or non-credit coursewo s a result of grade change	es, fulfillment of incompl	provement after dismissal lete courses, or academic renewal st him/her in improving academic skills	
Please provide explanatio	n on a separate page			
Student Signature			Date:	
	Counseld	or Recommendation		
Comments:		/	,,,	
Counselor Signature			Date:	
Comments:	Academic	Appeals Committ	iee	
[☐ Approved		☐ Denied	
Signature:			Date	