UNIVERSITY OF SOUTH ALABAMA GRADUATE SCHOOL
REQUEST FOR READMISSION AFTER DISMISSAL

Student Name: _____ Student Number: **J00**_____

Student E-mail Address: _____ Semester/Year for readmission to program: _____

Student Program: _____ Two Courses for Grade Replacement: _____

Reason for dismissal of student (summarize life events leading to dismissal, include last semester attended):

Reason for Readmission (include how the student's situation has changed to allow the student to successfully complete the program:

Plan of Study (Indicate when student will attain a 3.0 GPA and which courses will be taken for each semester):
SEMESTER 1:

SEMESTER 2:

SEMESTER 3:

SEMESTER 4:

Academic Status upon Readmission (to be completed by the Graduate School):_____
*Courses indicated for grade replacement will **not** be included in GPA calculation for academic status upon readmission.*

RECOMMENDATION for readmission:

_____ _____

(Department Chair or Graduate Coordinator) Date

_____ _____
(Director of Graduate Studies) Date

APPROVAL of Readmission:

_____ _____
(Dean of the Graduate School) Date

Final Distribution: Registrar, Admissions, Financial Aid, Graduate Dean, Graduate Director, Department Chair, Student 9.6.22