CENTRAL CONNECTICUT STATE UNIVERSITY REQUEST FOR READMISSION ON ACADEMIC PROBATION

Student Name			Student CCSU ID		
Request to be placed on acad	lemic probation	for the			
		semester.	Circle one:	Full-time	Part-time
Semester	Year				
Intended Major:					
Student's Signature	Date		Dean's Approval		Date
			Print Dean's Name		
You must register and succe your probationary semester.	ssfully complet	e TLC 001: Aca		e Learning Co	enter during

All HOLDS (financial, health, judicial) must be cleared prior to registration.

Semester GPA needed to reach cumulative GPA of 2.0 by end of probationary semester to avoid dismissal:	
Maximum number of course credits permitted for probationary semester:	
If applicable, the following courses must be taken and/or repeated:	

Other comments by approving Dean: