

## **FULLERTON COLLEGE**

Admissions & Records • 321 E. Chapman Avenue • Fullerton, CA 92832 • 714.905.5162

## PETITION FOR READMISSION RETURNING STUDENTS

(0	ffice Use Only)
Fall	
Spring Summe	er
Date R Initials	ec'd

You have previously been <u>Dismissed</u> from Fullerton College due to unsatisfactory progress and/or poor academic performance. You will not be allowed to register for classes. To be considered for readmission to the college, complete this petition and return it to the Admissions and Records Office. Since you were not enrolled in classes last semester, you must also submit a new application to the college at: www.fullcoll.edu

	erm applying for: (Please check one)	Fall Spring	Summer	
(Please print clearly)				
Last Name	First	Date of Birth	Studer	nt ID #
Address		City	State	Zip Code
Last semester Attended	() Phone #		mail Address	
Unon review by the Adm	nissions & Records Office, a decision re	garding your readmission will be sent to	the e-mail address on file	e with the college. You ma
		Information OR you may visit the Adm		
				(Office Use Only) Last Name
How many hours per	week are you planning to work nex	before your dismissal? Yes et semester? tances changed so that you can bed		
How many hours per Other than your work  Student Signature	week are you planning to work nex	tances changed so that you can bed	come successful in you	First Student II
How many hours per Other than your work  Student Signature	week are you planning to work nexting hours, how have your circumst	tances changed so that you can bed  Today's Date  OFFICE USE ONLY	Come successful in you	First Student ID#  Date/Initials  Student ID#
Student Signature  GPA: W%:_	week are you planning to work nexting hours, how have your circumst	tances changed so that you can be to the total point of the total poin	OLD: SFAR	EGS: