

## Application for Admission or Readmission After Suspension or Dismissal

This form and all supporting documents become the property of Tidewater Community College and will not be returned to you or forwarded to another institution. The entire application must be completed and your unofficial or SIS advising transcript attached.

PLEASE PRINT CLEARLY

Please check the appropriate box:

Reasons for dismissal:     Academic Performance     Student Conduct  
 Suspended or Dismissed from TCC     Suspended or Dismissed from Another Institution  
 Requesting Reinstatement for    Fall     Spring     Summer     Year: \_\_\_\_\_

Name: \_\_\_\_\_ SIS ID/SS# \_\_\_\_\_  
*(Providing your SSN is voluntary)*

Permanent Home Address: \_\_\_\_\_  
*(address, city, state & zip)*

Mailing Address: \_\_\_\_\_  
*(if different from above)*

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ College E-Mail Address: \_\_\_\_\_

Planned course of Study (Major) \_\_\_\_\_

List course(s), title(s) and number(s) \_\_\_\_\_

I wish to enroll as a:     Full Time Student *(at least 12 credits each term)*     Part Time Student *(less than 12 credits each term)*

Colleges or Universities you have attended or are currently attending (list most recent first):

Institution	City & State or Country	Dates Attended (from/to)	Degree(s) earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach copies of your unofficial college transcripts and respond to the questions below on the attached sheet:

1. Explain the reasons why your academic performance was below the level required by college regulations or describe the reason(s) for your dismissal.
2. How have your circumstances changed so that you now feel you are capable of succeeding at TCC?
3. If reinstated, I understand that I have made a commitment with the college to raise my grade point average, and to meet specific requirements outlined by the Academic Standing Committee or College Counselor and adhere to the Student Code of Conduct.

I certify that the statements provided are true and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**COUNSELOR TO COMPLETE**

SDV Course Required     Yes     No  
 Counselor's Notes and Recommendations

Counselor Name (Print): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMITTEE SECTION**

Admission/Readmission     Approved     Disapproved  
 Reason for Disapproval: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Admission or Readmission After Suspension or Dismissal**