

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