Northwest Technical College Records Office

905 Grant Avenue SE Bemidji, MN 56601

phone: 218-333-6600 fax: 218-333-6697

records@ntcmn.edu

ACADEMIC

READMISSION PETITION

this petition in its entirety in order to be consider	red for approval. Petitions should be submitted to the Records ITC student e-mail address, unless a different address is please contact the Financial Aid Office.	
Name:	ne: Student ID:	
Email Address:	Phone:	
·	te <u>ALL</u> steps below and on reverse. y your readmission petition type(s) and your current academic	
Term last attended:	My current cumulative GPA is:	
Term seeking readmission:	My current cumulative Completion Rate is :% This is my first academic suspension YESNO	
	My program/major is: Advisor:	
extenuating circumstance(s). Supporting documer	on extenuating circumstances. In the box below indicate your ntation is highly recommended. NOTE: Extenuating circumstances tand or adhere to university policy, or dissatisfaction with an	
I am petitioning based on (check ALL that apply; a your request; examples of types of documentation	attaching appropriate supporting documentation will strengthen on are included below.)	
Personal physical health or mental health iss letterhead)	sue – (e.g. health providers' statement written on official	
Death of immediate family member – (e.g. o	·	
Call up for active military duty – (e.g. copy of Family/Relationship crisis – (e.g. court or legationship crisis – (e.g. c	·	
	documented – (e.g. documentation from a certified disability	
Natural disaster, including flood, fire, or torn	nado – (e.g. insurance documentation)	
Job loss - (e.g. unemployment verification or	·	
Recent academic success at another college	or university – (e.g. transcript)	
Other		

Step 3: Fill out the following information. The items checked in this section should be addressed in Step 4.		
Challenges to being academical ☐ Academics ☐ Attendance ☐ Poor Study Habits ☐ Time Management	ly successful (Check all that apply) Family Responsibility Relationship(s) Financial Obligations Living Situation	 □ Procrastination □ Mental Health □ Physical Health □ Other:
Support plan to be academically Counseling Center Career Services Disability Services TRIO/SSS	y successful (Check all that apply) Time Management Skills Study Skills Tutoring	☐ Workshops ☐ Other:
 Your extenuating circumstance progress in all terms where Your plans to achieve acades All petitions must include at a. earn a minimum 2.25 Grand b. complete 100% of class cumulative completion research 	your progress was not satisfactory; an emic success. n Academic Plan. Your academic plan PA during this term and each subseques registered for this term and each ate of 67% (grades of W, F, NC, I, Z and ansion, specifically address why you we	ffected your progress. Be sure to address your ad requires you to: lent term until you reach/exceed a cumulative the subsequent term until you reach/exceed a
. , , ,	fy that my petition is truthful and com ne above Academic Plan may be modifi	plete, and if approved, I will adhere to the final ied during my petition's review.
Student Signature:		Date:
Step 6 (Optional) Signature of their request for readmission.	f support: By signing below I certify	that I have met with this student and support
Signature:		Date:
Name:	Title:	
Committee Action Comments	:ApprovedDenied I	Referred to: