The University of Texas at Tyler

GRADUATE NURSING DISMISSAL PETITION FOR READMISSION

Send to: nursing-graduate@uttyler.edu

Name: ___________________________  Student ID: ___________________________

Major: ___________________________  Semester/Year: _________________________

Primary Phone Number: _______________  Alternate Phone Number: _______________

I. Complete Section A with the following details:
   a. Brief explanation of situation.
   b. Explanation of why you should be considered for continuation.
   c. List specific changes you will make to ensure future success in the program.

II. The decision of the Admissions Progression Committee and Associate Dean is final.

III. Petition must be received within five working days of dismissal notification letter. The Admissions Progression Committee will respond within ten working days of receiving petition for readmission.

Section A: Details listed above

Student’s Signature: ___________________________  Date: _________________________
Section B:

Recommendations from the Committee: (May include support services, counseling, advisor meetings, or enrollment restrictions.)

☐ Readmit    ☐ Readmit with Restrictions    ☐ Do not readmit

Date of Committee Review: ____________________________
For Which Semester/Year: ____________________________

☐ I agree    ☐ I Disagree    with the Admissions Progression Committee decision for readmission.

Associate Dean Signature: ____________________________    Date: ____________________________