

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: _____