

Request for Readmission by Removal of Academic Suspension

Submit Form to: Office of Admission Services Form Source: Office of Records and Registration

PLEASE PRINT CLEARLY.				Date			
Student Name				VIP ID			
-	Last	First	Mid	ldle			
Mailing Address	S						
	Street Number/P	O Box		City	State	Zip	
Email				Cell Phone			
	Last Term Attended:			Term to be Readmitted:			
Year	☐ Fall☐ Summer I	☐ Spring☐ Summer II	Year		☐ Fall ☐ Summer I	☐ Spring☐ Summer II	
Student Signatu	re						
. Please explain your previous academic record at the college(s) you have attended Why do you think you should be readmitted to the University? . What will be your major at USC Sumter? COMMITTEE USE ONLY							
□ APPROVED□ DISAPPROVED					Columbia Approval		
Date							
Admissions Committee Signature					Date		
Associate Dean for Academics Signature					Date	e	
		mic Reinstatement/S fairs. Both forms are					