MISSISSIPPA PETITION FOR CLEARANCE OF ACADEMIC HOLD

SECTION 1: TO BE COMPLETED BY STUDENT

If you have not been enrolled at USM for one or more semesters (fall or spring) due to your suspension hold, you must contact the Offce of Admissions at 601.266.5000 for re-admission BEFORE completing this form.

Name			Student II	D C	Pho	ne			
Email	Enrollment Term & Year								
Current Major		Desired Major (if applicable)							
Current College	Arts & Sciences	Business & Eco	on. Dev.	Education	& Human Sci.	Nursi	ng & He	eath Prof.	
TYPE OF ACADEM	IIC STANDING HOLD) Probatic	on Continued	S	Suspension				
Once you have com	pleted Section 1, ma	ke an appointme	nt with your fa	aculty ment	or/school advi	sor to con	nplete s	ection 2.	
SECTION 2: T	O BE COMPLE	TED BY FAC	ULTY ME	NTOR/A	DVISOR &		ENT		
Student will enroll in the following courses in the upcoming semester. Any changes to advisor-approved schedule should be made in consultation with academic advisor and with written permission of the director.									
COURSE	CREDITS	COURSE		CREDITS	COURSE			CREDITS	
COURSE	CREDITS	COURSE		CREDITS	COURSE			CREDITS	
Student last enrolled	d (term & year)		Student	met previo	us contract	yes	no	N/A	
Additional condition	s/comments								
Student		Advisor	□ current maj	or 🗆 desi	ed major	Date	9		

SECTION 3: TO BE COMPLETED BY PROFESSIONAL ADVISOR

Professional	Advisor	Comments
1 101033101101	/ (0//1501	Commento

Professional Advisor

Date

SECTION 4: TO BE COMPLETED BY COLLEGE DEAN OR DESIGNEE

Comments

Decision CLEARED FOR ENROLLMENT

College Dean or Designee _____

DENIED

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Date ____