

Petition for Readmission

Office of the Registrar 671 Winyah Dr. Orlando, FL 32803 Email: AHU.Registrar@ahu.edu

Instructions: Form to be filled using Acrobat Reader, not on web browser. Or Print and complete this form in black ink. Section B should be used to explain why you should be readmitted into the University and/or program. Please attach any additional information or supporting documents (obituary notice, funeral flyer, doctor's notes, etc.). Once a decision has been made you will be contacted via your My Academic Resource System (MARS) message board.

SECTION A: Contact Information					
Legal Last Name	Legal First Name	Student ID	Phone		
Street Address	City	State	Zip Code	Current Program/Prog	gram of Interest
Today's Date	AHU Email Address				
SECTION B: Reason for Readmission Petition (Please attach any additional information)					
SECTION C: Office of the Registrar					
Current GPA:	Additional Comments				
# of Courses Remaining:					
3					
Dates of Attendance:	Signature		Deter		
to	Signature:			Date:	
SECTION D: Department Recommendations (To be completed for Program Readmissions ONLY)					
				Approved	Denied
				Signature:	
				Date:	
SECTION E: Academic Administration Recommendations:					
				Approved	Denied
				Signature:	
				Jigilatul C.	
				Date:	