

Office of Undergraduate Advising Support
Case Western Reserve University
Sears Building 340
10900 Euclid Ave.
Cleveland, OH 44106-7028
Telephone: 216.368.2928 Fax: 216.368.4718

OFFICE USE
ONLY Re-admit Yes____ No____
Date_____
SIS Date_____
Initials

PETITION FOR RE-ENROLLMENT AFTER SEPARATION

Mr./Ms. _____
Last First Middle

Home Address _____
Number and Street

City State ZIP code

Telephone (____) _____ CWRU ID # _____

Email address: _____

Mailing Address (if different from home address)

Number and Street

City State Zip+4 code

I wish to be readmitted for ____ Fall ____ Spring ____ Summer 20____

Date of separation _____ Major when enrolled _____

Major planned after readmission _____

New expected graduation date _____

Have you been enrolled at another university/college since your separation? ____Yes ____No

NOTE: An official transcript from each school attended MUST be sent directly to:

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OFFICE USE ONLY
Transcript(s) Received
(1) _____
(2) _____
(3) _____
(4) _____

Dates of attendance Name of school Address

Answer the following questions in detail on a separate sheet of paper:

1. Outline the causes that led to your academic separation from Case Western Reserve.
2. If you are changing your academic program, why?
3. What have you been doing since your separation? If you have been working, please list for how long you have been at your job, how many hours a week you work, and your general responsibilities.
4. What causes you to expect your experience after re-enrollment to be more successful than your previous enrollment? What will you do differently? What resources will you utilize, if you are allowed to return?
5. Please provide any additional information you feel would be helpful to the Dean's Committee in considering your application for re-enrollment.

Signature

Date