

## **REQUEST FORM FOR RE-ENROLLMENT**

*Students returning to Oakton after being placed on and completing their Academic Suspension or Dismissal are expected to complete this form.* To be re-enrolled to Oakton, this form should be submitted for review to the Office of Student Affairs prior to the start of the semester for which the student is seeking re-enrollment. Re-enrollments submitted 4 (four) weeks prior to the intended readmission term will be given prioritized consideration.

Students seeking re-enrollment before the end of their Academic Suspension or Dismissal period are expected to complete this form <u>AND provide a letter of appeal</u>. The letter should be typed.

A letter of appeal is attached: Yes D No D					
Student Name:				Student ID	
Seeking readmi	ssion for: Spring $\Box$ Sur	nmer 🗆 🛛 Fall 🗆	Year		_
Address	City	7		State	ZIP
Phone Email					
Signature	Date				
Return to the Office of Student Affairs, Room 2270, 1600 E Golf Rd, Des Plaines, IL 60016, Fax to 847-376-7007 or email to studentaffairs@oakton.edu.					
Students will receive a written response from the college within 5 business days of submitting this form.					
FOR OFFICE USE ONLY					
Dismissed 🗆	Suspended	Spring □	Summer 🗆	Fall □	Year
Eligible to Return  or APPEAL: Approved  Denied					
□ No Restrictions (Standard recommendation to repeat previously failed courses)					
Restrictions					
Signature			Date		
Authorized Student Affairs Administrator or Designee					
Date Updated in Records:					