

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 Office of Admissions at 601.266.5000 for re-admission BEFORE completing this form.

Name _____ Student ID _____ Phone _____

Email _____ Enrollment Term & Year _____

Current Major _____ Desired Major (if applicable) _____

[Current College](#) Arts & Sciences Business & Econ. Dev. Education & Human Sci. Nursing & Health Prof.

TYPE OF ACADEMIC STANDING HOLD Probation Continued Suspension

Once you have completed Section 1, make an appointment with your faculty mentor/school advisor to complete section 2.

SECTION 2: TO BE COMPLETED BY FACULTY MENTOR/ADVISOR & STUDENT

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.

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|--------|---------|--------|---------|--------|---------|
| COURSE | CREDITS | COURSE | CREDITS | COURSE | CREDITS |
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| COURSE | CREDITS | COURSE | CREDITS | COURSE | CREDITS |
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|-------------------------------------|-------------------------------|-----|----|-----|
| Student last enrolled (term & year) | Student met previous contract | yes | no | N/A |
|-------------------------------------|-------------------------------|-----|----|-----|

Additional conditions/comments

| | | | | |
|------------------|------------------|--|--|---------------|
| _____ Student | _____ Advisor | <input type="checkbox"/> current major | <input type="checkbox"/> desired major | _____ Date |
|------------------|------------------|--|--|---------------|

| | | | | |
|------------------|------------------|---------------|---------------|---------------|
| _____ Student | _____ Advisor | current major | desired major | _____ Date |
|------------------|------------------|---------------|---------------|---------------|

SECTION 3: TO BE COMPLETED BY PROFESSIONAL ADVISOR

Professional Advisor Comments

| | |
|-------------------------------|---------------|
| _____ Professional Advisor | _____ Date |
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SECTION 4: TO BE COMPLETED BY COLLEGE DEAN OR DESIGNEE

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| Comments | Decision | CLEARED FOR ENROLLMENT | DENIED |
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College Dean or Designee _____

Date _____