

Office of Student Affairs

1600 E Golf Rd Des Plaines, IL 60016 847.635.1739 Fax: 847.376.7007

studentaffairs@oakton.edu

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 \square No \square							
Student Name:					Student ID		
Seeking readmi	ssion for: Spring \square	Summer □	Fall □	Year			
Address		City			State	ZIP	
Phone		Em	ail				
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 □	Sp	ring 🗆	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:							