



# Re-Admission after Suspension Petition

208.524.3000 ext. 4 phone – 208.525.7026 fax  
1600 S 25<sup>th</sup> E – Idaho Falls, ID 83404 – www.cei.edu

Student shall submit this written petition requesting re-admission to CEI.

## Student Information

Date \_\_\_\_\_ Student ID \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Email \_\_\_\_\_

## Suspension Information

- Due to conditions established by CEI, this petition may be approved, denied, or postponed.
- If re-admission granted, enrollment will be probationary for one semester.
- Re-admission granted on program space availability.

Requesting admittance to the \_\_\_\_\_ program.  
Term Suspended \_\_\_\_\_ Term Requesting to Return \_\_\_\_\_

Student must attach a statement providing evidence that shows a positive change of circumstances and suggests a high probability of future academic success. If statement is not provided, student will not be considered for re-admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Registrar will supply the following: Cumulative GPA \_\_\_\_\_ Term GPA (last attended) \_\_\_\_\_

### Faculty/Department Chair

Petition is:  Approved  Denied

Comment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Dean CTE/GEN ED/HHS

Petition is:  Approved  Denied

Comment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Dean of Student Affairs

Petition is:  Approved  Denied

Comment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Forward to Registrar

End Suspension PERC \_\_\_\_\_ Date emailed: Advisor(s), ACAD Advising, CND, FA, VA \_\_\_\_\_