

Date of application_____

INDIANA UNIVERSITY SOUTH BEND
COLLEGE OF LIBERAL ARTS AND SCIENCES

APPLICATION FOR PROBATIONARY ADMISSION OR READMISSION

Applying for: (indicate semester and year)

Fall ____ Spring ____ Year _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____

(City) (State) (Zip Code)

UNIVERSITY ID # _____ PHONE # (____) _____

EMAIL: _____

Send this application for readmission to the following address:

Coordinator of LAS Student Services
Indiana University South Bend
P.O. Box 7111
South Bend, IN 46634-7111

All information requested on this form and supporting documents must be submitted together.

Applications must be received by the following deadlines:

Readmission for fall semester: the preceding July 1
Readmission for spring semester: the preceding November 1

You can expect to receive a decision after the committee meets in late July, November, April or May.

Admission is not automatic.

You must demonstrate in your application that you have in some manner prepared yourself to have a reasonable chance for success in future course work in the College of Liberal Arts and Sciences.

1. How many semesters have you been enrolled at Indiana University? _____

2. How many semesters have you been enrolled in college level work? _____

3. Have you been dismissed from Indiana University? Yes _____ No _____

If so, when? Semester _____ Year _____

From which campus? _____ From which school/college? _____

4. Which major will you work toward? _____ If undecided, check here: ____

5. Have you been in the military service since dismissal? Yes _____ No _____

If yes, give dates: from _____ to _____

Rank upon discharge _____ Type of discharge _____

6. Give work experience since dismissal:

TYPE OF JOB	DATES	EMPLOYER

7. Have you taken remedial or preparatory courses since dismissal? Yes _____ No _____

If yes, attach official transcript.

8. Have you taken college courses since dismissal? Yes _____ No _____

If yes, attach official transcript.

9. Did you have serious illness which was a factor in your dismissal? Yes _____ No _____

If yes, include a separate note from your attending physician that gives his opinion on your ability to resume studies.

10. If you have asked a former instructor to write a letter supporting your application, please give the instructor's name. _____

11. If readmitted, do you intend to work while enrolled? Yes _____ No _____

If yes, approximately how many hours per week? _____

13. **Attach a typed statement** explaining (a) what problems you encountered as a college student that led to your dismissal, and (b) what positive steps you have taken to insure that these problems will not recur.

If applicable, the following documents must be attached by the student before the application can be considered.

_____ A. Any transcripts of course work since dismissal, listed under items 7 or 8.

_____ B. Note from physician, in reference to item 9.

Student signature