

UNIVERSITY OF CENTRAL FLORIDA

## STUDENT INFORMATION & READMISSION FORM

Readmission

Academic Amnesty

Personal Information:				
Last Name:		First Name:		
PID:		Email:		Phone:

UCF Information:				
Term/Year Disqualified:		Class Standing: Met with College Advisor		Met with College Advisor:
Previous Major:			Intended Major:	
Hours Attempted:	Earned:	Points:	GPA:	Quality Points Under 2.0:

Rosen College Advisor	r Use Only:		
# of Classes Taken		Readmit Term/Year:	
State College Attende	d:	Overall GPA:	Institution GPA:
Major/Degree:		Date Degree Earned:	

List Cours	es taken wh	ile away from UCF:			
Prefix	Number	Name	Grade	Semester	Institution
Comment	ts:				
Advisor Si	ignature:			Date:	
Student S	ignature:			Date:	

## ACADEMIC PLAN ADVISOR MEETING NOTES

Personal Information:				
Last Name:		First Name:		
PID:		Email:	Phone:	

Semester/	Year:			
Prefix	Number	Course Name	Grade	Comments
Alternates	:			
Total Hour	s:			

Advisor Comments:	Date:	

Midterm Review (prior to withdrawal deadline):	Date:	

End of Semester Review:	Date:	