THIS IS A FILLABLE FORM FOR THE STUDENT. Type PARTA ONLY; then email

С

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Appt Date/Time

PETITION FOR PROBATION CONTINUED CLEARANCE

	Student's Name	ID		Clearance to enroll for Term		Year	
	Email	Cell Phone			College		
(Current Major:		Desired Major (if applicable)				
	1. Please type a statement below supporting your request for enrollment. (Max length 255 characters.) Attach a typed statement if need						
	 Include an UNOFFICIAL academic transcri Have your advisor, school director, and de 	-	-		oriate course	ofaction.	
	Term for cleared petition: (TO BE COMPLETED IN CONSULTATION WITH STUDENT'S ADVISOR) Student agrees to follow the terms of this contract:						
	A. The student will enroll in the following courses. (Any changes to advisor-approved schedule should be made in consultation with						
		rmission of direct	tor/chair.)				
	academic advisor and with written pe		,				
	academic advisor and with written pe						
	B. The student must			· _			
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Revised 6/2020

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Print Form