The University of Texas at Dallas

Graduate Readmission Petition

Student’s Last Name ___________________________ First Name ___________________________

UTD ID ___________________________ School ___________________________ Program ___________________________

I have discussed the student’s situation with him/her and it is my opinion that the student’s academic interests and career would be best served by readmission at this time.

He/she will be limited to enrolling in _______ hours.

Special Requirements:

_________________________ See attached EE/CE/TE Graduate Readmission Petition Addendum_________________________

I have read and understood the contents of this petition, and agree meet all prescribed requirements as a condition for readmission to the university.

Student Signature ___________________________ Date ___________________________

NOTE: With few exceptions you are entitled, on your request, to be informed about the information U.T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Dallas correct information about you that is held by us and that is incorrect. Be assured that your UTD records are protected from unauthorized disclosure by federal law. Your UTD identification number is requested as it is a unique identification number maintained for the purpose of assurance that the correct student record is being updated, for tracking purposes and for state and federal report requirements. The disclosure of such information is voluntary. The disclosure of your UTD identification number is governed by the Public Information Act (Chapter 552 of the Texas Government Code.)

☐ Recommending readmission for the ________ semester.

☐ Not recommending readmission at this time.

Associate Dean for Graduate Education/Program Head ___________________________ Date ___________________________

☐ Approve Readmission

☐ Deny Readmission

Dean of Graduate Studies ___________________________ Date ___________________________

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