



WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

Phone: (276) 223-4702 • Fax: (276) 223-4860 • EMAIL – kalexander@wcc.vccs.edu

Web Address: <http://www.wcc.vccs.edu>

APPLICATION FOR READMISSION TO COLLEGE

_____		_____	
Last name	First name	Middle initial	Former name(s) (if applicable)
_____		_____	
Student ID Number or Social Security Number		Approximate dates of attendance at WCC	
_____		_____	
Street address	City	State	Zip
_____		_____	
Telephone number		Email	
_____		_____	

I request that the Wytheville Community College Admissions and Standards Committee consider my application for readmission to the _____ curriculum. I would like to return to WCC in the _____ (Semester) of _____ (Year). I understand that I will be required to maintain at least a 2.0 GPA in the semester following reinstatement and in all future semesters. I understand that failure to attain this GPA requirement will result in academic dismissal.

Student signature Date

REQUIRED:

You must attach a letter to this application, explaining the circumstances surrounding your suspension or dismissal from WCC. Make sure you include your academic and career plans and why you feel you are prepared to be successful in college at this time. This information will be reviewed by the Admissions and Standards Committee in evaluating your request for readmission, so please be as specific as possible.

Please return this completed application and required letter to the WCC Admissions Office.

(You will be notified of your readmission status by letter following committee review.)

Approved/Disapproved: _____

Registrar signature Date