

**ACADEMIC STATEMENT
CANDIDATE FOR READMISSION**

_____ has applied for readmission to The College of Wooster. The following information will be an important part of the application process. I would appreciate it if you could complete this form and return it to me by April 15 if the student is applying for Semester I, or by November 15 if the application is for Semester II. Thank you for your time and cooperation.

The College of Wooster
Kurt C. Holmes
Dean of Students
1101 N. Bever Street
Wooster, Ohio 44691

COURSE TITLE _____

SEMESTER/QUARTER HOURS _____

STUDENT'S CURRENT GRADE IN THE COURSE _____

STUDENT'S PROJECTED FINAL GRADE IN THE COURSE _____

COMMENTS ABOUT THE STUDENT'S PERFORMANCE IN THE COURSE:

Professor's/Instructor's Signature

Professor's/Instructor's Printed Name

Title

Institution

Telephone Number

Date