

| Enrollment Lapse of Four (4) or    | r More Years from Lamar University                          |
|------------------------------------|---|
| Lamar University Exit Date         | Lamar University Re-entry Date                              |
| 2. Successful Completion of (24) o | r more Semester Hours:                                      |
| Number of hours completed follo    | owing re-admission  |
| to Lamar University                | <u> </u>  |
| 3. Minimum Grade Point Averag      | e of 2.2  |
| Grade point average on courses of  | completed since   |
| re-admission to Lamar university   | <sup>7</sup>  |
| SPECIFIC SEMESTERS TO BE           | E DISREGARDED:  |
| 1                                  | 2   |
|                                    |   |
| THE ABOVE NAMED STUDENT HA         | S MET LAMAR UNIVERSITY'S APPEALS. THIS FORM NEEDS APPROVAL. |
| _                                  | DATE:   |
| DEPARTMENT CHAIR                   | DATE  |
|                                    | DATE:   |
| DEAN                               |   |
|                                    | DATE:   |
| SENIOR ASSOCIATE PROVOST           |   |

After approval, send original form to the Records Department for processing.