

# READMISSION AFFIDAVIT

I, \_\_\_\_\_, acknowledge receipt and agree to the following conditions for readmission into the School of Pharmacy:

1. I must achieve a C grade or better in each course taken. I understand that any additional grades less than a “C” in results in permanent dismissal. No further request for readmission will be considered.
2. I must meet with my faculty advisor every other week and it is my responsibility to schedule the meetings. Failure to comply will result in permanent dismissal.
3. I must meet with the Assistant Dean of Academic & Student Affairs once a month and it is my responsibility to schedule the meetings. Failure to comply will result in permanent dismissal.
4. I must document meetings with my faculty advisor and the Assistant Dean of Assessment & Student Affairs on the Record of Advisement for Readmitted Students form. This form must be returned to the Assistant Dean of Assessment and Student Affairs at the end of each semester. Failure to comply will result in permanent dismissal.

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Signature of Student

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Student HU ID#

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Date