

**UNIVERSITY OF NORTH DAKOTA
CLINICAL LABORATORY SCIENCE PROGRAM
Professional Program Probation Petition**

Check Box: Professional Year #1 Professional Year #2 Certificate

Student's Name: _____

Mailing Address: _____

Telephone #: _____ E-mail: _____

1. What is the reason you were not eligible to continue into the professional program?

2. Why do you feel the CLS Professional and Academic Standards Committee should consider your request for re-entrance, or continuation, into the professional program?

3. What steps do you plan to take to become a student in good-standing? Be specific.

NOTE: The CLS Professional and Academic Standards Committee may request an interview in addition to this petition.

Signatures:

Student	Date
Advisor	Date

The Recommendation of the Committee is:

CLS Professional and Academic Standards Committee Chairperson	Date
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