University of North Dakota
Medical Laboratory Science Professional Program
Probation Petition

Please select your program status: Professional Year #1 ☐ Professional Year #2 ☐ Certificate ☐

Student's Name: _____

Mailing Address: _____

Telephone #: _____ Email: _____

1. What is the reason you are not eligible to continue in the MLS professional program?

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

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

NOTE: The MLS 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:

_____ _____
MLS Professional & Academic Standards Committee Chairperson Date