



Petition for Reinstatement

Instructions

- Complete the form. (Do not leave any blank answers.)
- Meet with a counselor to complete the Recommended Schedule section.
- Attach supporting documentation that would be helpful in reviewing your case.
- Submit completed form to the Admissions & Records Office.
- Decisions will be made by the Student Petitions Committee

Name _____
 Last First MI

ID# _____

Address _____

 City State Zip

Phone _____

Date of birth _____

Email _____

Program of Study _____

Progress Dismissal Yes No

Academic Dismissal Yes No

Semester Dismissed _____

Semester to be Reinstated _____

Describe what events took place impacting your academic performance. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Health (birth, medical, injury, accident) | <input type="checkbox"/> Gaps in college enrollment |
| <input type="checkbox"/> Life changes (death of a loved one, divorce, financial concerns) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employment (loss of job, new job, change in work hours) | |

Based upon the boxes checked above, explain in greater detail what happened and your plans to improve your academic performance. Attach any pertinent supporting documentation.

Student signature: _____ Date: _____

RECOMMENDED SCHEDULE ~ AEP Counselor initials _____ Date _____

Name of course	Section #	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Plan Complete

- YES - Attach a copy
 No - Schedule a follow-up counseling appt. for Ed. Plan

Appointment Date/Time: _____

Note: After the follow-up appointment, submit the Ed. Plan (CEP or as many terms as possible) to the Admissions & Records Office.

FOR OFFICE USE ONLY:

- Approved Approved contingent upon conditions listed below Denied Revise and resubmit

Comments: _____

Student Petitions Committee Signature: _____ Date: _____