



Appeal for Readmission

A student who has been dismissed may submit an appeal for readmission explaining extenuating circumstances that affected their academic performance. Please note that readmitted students must submit a new appeal each semester until their GPA rises to a minimum 2.0 and unit completion rate rises to a minimum of 50%.

Prepare your Appeal Petition

1. Review "Readmission" in the [College Catalog](#)
2. Write your student explanation
3. Obtain your required supporting documentation of extenuating circumstances. Example documentation: Illness, family emergency, job transfer, immigration action, etc.
4. Meet with a Counselor - required to create an updated Educational Plan, obtain a supporting statement and signature.
5. If you are returning to Mission College after a year's absence, complete CCCApply
6. Questions? please contact the Admissions & Records Office at mc.studentpetitions@missioncollege.edu

STUDENT INFORMATION

Last Name: _____ First Name _____ MC Student ID#: _____

E-mail: _____

My Dismissal Status is:

Academic Dismissal (Cumulative grade point average is less than 2.00 for each of three consecutive semesters)

Progress Dismissal (Total percentage of 'W,' 'I' and 'NC' grades reaches or exceeds fifty percent (50%) of the total units attempted for three consecutive semesters)

Which semester are you appealing for readmission? (Term/ Year) _____

FINANCIAL AID

I am currently receiving Financial Aid and understand that changes to my record may require repayment of funds I have received. YES NO

Please contact the Financial Aid Office if you have any questions at mcfa@missioncollege.edu

SUPPORTING INFORMATION

Program of Study /Major _____

Do you have a current Educational Plan that you are following? YES NO

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

- Health (birth, medical, injury, accident)
- Life changes (death of a loved one, divorce, financial concerns)
- Employment (loss of job, new job, change in work hours)
- Gaps in college enrollment
- Other (please be specific) _____

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.

By typing/signing my name below and submitting this form, I declare that the statements and information submitted on this form are true and correct. I understand that all materials submitted by me for the purposes of maintaining my record become the property of the West Valley-Mission Community College District.

Name: _____ Date: _____

COUNSELOR COMMENTS-*(You must meet with a Counselor to review your request and have them provide the below information in support of this appeal. You can meet with a Counselor in person at SEC 139 . You can also chat or talk with them online during business hours.)*

RECOMMENDED SCHEDULE

Semester/Year	Course Name& Number	5-Digit CRN	UNITS	ADD CODE <i>(If after Census)</i>
Winter 2022	Astronomy - AST 001	12345	3	ABCDEF

Counselor Initials: _____ Date: _____