



Office of Admissions and Records
PETITION FOR REINSTATEMENT

FALL ___ SPRING ___ 20 ___

Form with fields for ID#, SOCIAL SECURITY #, NAME (LAST, FIRST, M.I.), ADDRESS (STREET, CITY, STATE, ZIP), and TELEPHONE #.

1. Explain those factors in detail which you believe were responsible for you academic difficulties:

ATTACH supporting documentation for each factor checked:

- LEARNING (i.e. concentration, language barrier, time management)
PERSONAL (i.e. emotional, financial, medical, housing)
ENVIRONMENTAL (i.e. family obligation, work load, # of hours employed)

Horizontal lines for writing details of academic difficulties.

2. Has your situation changed? If so, explain;

Horizontal lines for explaining changes in situation.

3. What are your academic interests?

- AA/AS degree Certificate Transfer

COUNSELOR RECOMMENDATION:

REQUIRED only for International Students, Center for Students w/disabilities, & EOP &S students

Horizontal lines for counselor recommendation.

DATE

COUNSELOR SIGNATURE