

Office of Admissions and Records **PETITION FOR REINSTATEMENT**

FALL____ SPRING____ 20____

ID#	SC	SOCIAL SECURITY #			
NAME					
LAST	FI	FIRST		M.I.	
ADDRESS					
STREET		TY	STATE	ZI	
TELEPHONE # ()					
Explain those factors in deta	ail which you believe	were responsible for	r you academic diff	iculties:	
ATTACH S	supporting documen	tation for each factor	checked:		
LEARNING (i.e. concentra	ation, language barrier	, time management)			
☐ PERSONAL (i.e. emotiona	l, financial, medical, h	ousing)			
ENVIRONMENTAL (i.e. 1	family obligation, work	load, # of hours emplo	oyed)		
Has your situation changed?_	If so, e	xplain;			
What are your academic inte	rests?				
AA/AS degree	☐ Certificate	☐ Transfer	☐ Impr	ove Skills	
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DUNSELOR RECOMMENDATION EQUIRED only for Internation		for Students w/disal	bilities, & EOP &S s	tudents	
			OD CICNATURE		
ATE		COUNSEL	OR SIGNATURE		