

Received by _____

Student ID _____

Santiago Canyon College
Admissions/Records

"Petition for Reinstatement after Dismissal"

Please obtain educational plan & signature from counselor prior to returning to Admissions

_____/_____/_____
Student's Name Home # Cell #

_____/_____/_____/_____
Street Address City State Zip

Email address _____

I hereby petition to be reinstated for the _____ semester. I intend to make the following changes to improve my academic performance at Santiago Canyon College:

Student's Signature

Date

Step 1: Office use only

Approved Denied Administrator's Initials _____ Date _____

GPA verified _____

Student notified: Mail Phone In person By _____ Date _____

Step 2: IF APPROVED, to be completed by Counselor: One semester educational plan as listed below:

Course limitation _____

Counselor's Comments: _____

Counselor's Signature

Date

Step 3: Student returns this form to Admissions, E 101