

## Petition for Reinstatement of Priority Registration

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
(Last) (First)

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*By signing or typing my name below, I am indicating that I understand that by submitting this form, I am NOT guaranteed reinstatement of Priority Registration. I confirm that all of the information I have presented below is true and accurate. I understand that all E.A.R. Committee decisions are final. The parties agree that this form may be electronically signed. The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT:** Your petition MUST include the following. **An incomplete petition will not be accepted.**

- Typed letter containing (a) Reason for Petition and/or (b) Specific Plans for Academic Improvement
- Recent Student Educational Plan (SEP)
- Verifying Documentation (doctor's statement, police report, written verification from a program, etc.) (if required)

**This petition applies to the following term (check one):**  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**Select which of the following circumstances apply to you (check one):**

- I have exceeded the limit of 100 earned degree-applicable units, but have not completed my declared program in a high-unit major.
- I have been making significant academic improvement by completing my last semester with a GPA of 2.00 or higher and completing more than 50% of my attempted semester coursework.
- Due to extenuating circumstances (e.g., verified illness, or other circumstance beyond your control.) **(REQUIRED: Verifying documentation)**
- I have a verified disability and applied for an accommodation that I did not receive in a timely manner. **(REQUIRED: Verifying documentation from DSPS)**
- I was unable to obtain essential support services. **(REQUIRED: Detailed written statement/explanation included in typed letter)**
- I have extreme financial hardship. **(REQUIRED: Verifying documentation)**
- I request special consideration as I am a student in one or more of these programs:  
**(REQUIRED: Check all that apply and attach a written verification from each SCC program leader/counselor)**
  - CalWORKs     EOPS     DSPS     Veterans     TRIO     CAMP     Foster Youth

**FOR A&R USE UPON RECEIPT**

Typed Letter     Student Ed Plan (SEP)     Verifying Documentation     Student Signed & Dated

Academic Standing (SACS):  AD ↓  PD ↓  A1  A2  P1  P2  GOOD  \_\_\_\_\_ For Term: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 CHECK:  TRAN  SREP →  OUT 1 TERM (MANUALLY REINSTATE)  OUT 2 TERMS (AUTO REINSTATE)  DID NOT SIT OUT (MUST SUBMIT E.A.R.)

**FOR A&R/E.A.R. USE UPON REVIEW/EVALUATION**

GPA: \_\_\_\_\_ TERM: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Committee Review Date: \_\_\_\_\_  APPROVED     DENIED     N/A

SACS Updated: \_\_\_\_\_  SREP Updated: \_\_\_\_\_  PERC Updated: \_\_\_\_\_

Student notified:  PHONE  EMAIL  IN-PERSON    Date: \_\_\_\_\_ Notified by (Staff Initials): \_\_\_\_\_

Comments: \_\_\_\_\_