

## Petition for Reinstatement of Priority Registration and/or California College Promise Grant (CCPG)

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

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

*I understand that by submitting this form, I am NOT guaranteed reinstatement of Priority Registration and/or the California College Promise Grant.  
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.*

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 \_\_\_\_\_

**I am petitioning for (check one):**

- Reinstatement of Priority Registration     Reinstatement of CCPG     Reinstatement of Priority Registration + CCPG

**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  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     IF CCPG FWD TO FA

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

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

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

**FOR FAO USE UPON REVIEW**

APPROVED     DENIED    |    Staff Initials: \_\_\_\_\_    Date: \_\_\_\_\_

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