



PETITION FOR REINSTATEMENT ON PROBATIONARY STATUS

Name (Print) Last First M.I. Social Security Number or Lancer I.D. Number

Address Street City State Zip

e-mail address

Phone Number

Request reinstatement for: Semester Year Birthdate

1. Were you employed during the semester in which you had academic difficulty? If so, do you believe this employment was a factor in your academic difficulty? If yes, please explain:

2. If illness or medical problems were a factor in your academic difficulty, please explain. Also attach a medical statement from your attending or family doctor.

3. What are your academic or vocational interests? Why have you chosen this and how did you arrive at this decision.

4. Please check any factors listed below which you believe were responsible for your academic difficulties:

A. LEARNING

- Language Barrier, English Grammar, Spelling, Reading Comprehension, Listening Skills, Note-taking, Concentration, Memory, Text Anxiety, Procrastination, Time-Management, Motivation, Goal-Setting, Other

B. PERSONAL

- Emotional Concerns, Financial Difficulties, Housing/Shelter, Disability (Visual Impairment, etc.), Transportation, Other

C. ENVIRONMENTAL

- Discrimination, Family Obligations/Problems, Social Activities, Student-Instructor Communication, Work Load/Situation, Other

5. How has your situation changed which would eliminate those factors causing academic difficulties for you?

## STUDENT'S WRITTEN PLAN FOR SUCCESS

You are required to make an appointment with a PCC counselor to develop the following plan for success. (If you are an EOPS or DSPS student, please see your program counselor.)

Student's plan to overcome difficulties in school include the following: *(Be very specific and complete only with your counselor)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

The results of this petition will be mailed to you.

## REINSTATEMENT COMMITTEE RESPONSE TO PETITION FOR REINSTATEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Petition Decision

- Denied – Evidence of a realistic goal and a serious intent to succeed were not present.
- Granted with limitations marked below – Your permit to register is enclosed. You will also need to contact Counseling Services, after the second (2<sup>nd</sup>) week of classes to discuss future courses and educational plans.
- Petition incomplete. Please complete and re-submit.

### Limitations

- May enroll in one class only
- May enroll in two classes only
- May enroll in three classes only
- Must complete more than half of the units in which you enroll with letter grades only, no W, I, or NC grades.

### Recommendations

- Petition to have the classes you repeated removed from your GPA.
- Repeat the classes in which you received a "D" or "F" grade.
- Repeat \_\_\_\_\_
- Take \_\_\_\_\_
- It is recommended that you see a counselor in L104 for academic assessment. Please bring this letter with you.
- Comments: \_\_\_\_\_

Sincerely,



Dr. Robert H. Bell  
Senior Vice President/Assistant Superintendent  
Academic and Student Affairs