PETITION FOR REINSTATEMENT & STRATEGIC PLAN

Name: __________________________________  Student ID: __________________________  Return Term: ______
Email: _________________________________  Phone: _____________________________  Overall GPA: ______
Academic Goal: _______________________________________________________________

I. FACING MY ACADEMIC HISTORY

A. Why am I currently on dismissal? (check all that apply)
   □ Earned less than a cumulative GPA of 2.0
   □ Failed to earn passing grades (i.e., Cs or better) in, at least, 50% of my college courses attempted
   □ Withdrewn from too many courses past the drop deadline, earning too many Ws

B. What is my semester GPA?
   _____________________________________________________________________________

C. Which behaviors contributed to my dismissal status? (check all that apply)
   □ Poor or lack of class attendance or required lab
   □ Late or missing assignments
   □ Poor quiz or exam grades
   □ Non-participation in class discussions or activity
   □ Difficulty understanding lecture or course material
   □ Did not know how to study properly
   □ Poorly managed my time
   □ Struggled with a learning disability
   □ Missed drop date resulting in W or F grade

D. Which life circumstances contributed to my dismissal status? (check all that apply)
   □ Financial need (list average hours per week worked): _______________________________
   □ Lacked family support (family didn’t want me to attend college or presented obstacles to my progress)
   □ Personal problems made it difficult to study, specifically: ____________________________
   □ Lacked motivation and/or unclear educational goal/major
   □ Other: _______________________________________________________________________

E. Other than school, what are my most significant obligations? (check all that apply)
   □ Work-- 20 or more hours per week  □ Relationship-- spouse/significant other
   □ Family – dependents/child(ren)  □ Other: ____________________________________

II. TAKING RESPONSIBILITY FOR MY ACADEMIC HISTORY

A. What have I done that has blocked my academic progress?
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

B. How committed are you to make your education a priority? (i.e percentage).
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

C. Is there anything in your life that does not allow you to put education as one of your top priorities?
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

Rev 10-22-19
III. PLANNING MY ACADEMIC FUTURE

A. Now that you've reflected on your previous obstacles, now describe what has changed that will allow you to be successful in this new semester.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
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B. Which courses can you successfully complete next term?

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<th>Course</th>
<th>Units</th>
<th>Course Repeat</th>
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Total Units: __________

C. How many hours should you plan to study?

____ (total units) x 3 Hours = ____________ (required study time per week)

D. Describe your success plan for your first semester back.

___________________________________________________________________________________
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IV. WHAT CONSEQUENCES DO I FACE NEXT TERM?

1. If I fail to earn, at least, a 2.0 term GPA with passing grades (P, C or better, and no Ws, Is, or NPs) in 100% of attempted courses, I will be blocked from attending all LRCCD campuses—SCC, FLC, ARC and CRC—for a period of one (1) semester.
2. I have lost my priority registration date though I may petition Admissions and Records for my original date, as long as I completed the previous semester with a term GPA of 2.0 or above.
3. I have lost my eligibility for financial aid.
4. I will continue to be on dismissal status, even after the hold is lifted, until I improve my cumulative GPA or completion rate.

By signing below, I certify that all information submitted on this form is accurate and true to the best of my knowledge. I further certify that I understand that attending a Reinstatement appointment and submitting this form does not guarantee readmission to the LRCCD. I may be required to submit additional documentation. I also understand that, if readmitted, I will be limited in the number of units I can take and be required to submit progress reports during the semester by specified due dates.

Student Signature __________________________ Date __________
Counselor Signature (during appt) __________ Date __________