PETITION FOR READMISSION

☐ **APPEAL FOR MORE UNITS (**Include explanation on back of form)

Petitions for readmission must be received by the Office of Admissions and Records **no later than ten (10) days prior to the start of the semester for which you wish to be readmitted.**
LRCCD Regulation 2230.4.2a

Name: _____   Student ID:_____

Address: _____Apt_____   Email:_____

City: _____ State: _____Zip: _____   Phone: _____

Instructions:
1. If you are an EOPS, Cal-WORKS, or an International F-1 student contact your program counselor for assistance with the readmission process. They will help you complete this petition.
2. All other students should contact the SCC Admissions and Records Office at (916) 558-2351 or the SCC Counseling Office at (916) 558-2204 for instructions and assistance with the readmission process and completing this form.
3. Please visit the SCC Admissions and Records website for information about the Probation and Dismissal Process.

Recommended Courses:

For Counselor Use Only:

Semester: Summer		Semester: Fall/Spring	
Total Units			

If your petition for readmission is **approved**, you will be expected to meet conditions outlined in this document. If your petition is **denied**, you have the right to appeal to the Dean of Enrollment and Student Services. **Approval of this petition pertains only to your academic status. It does not apply to Veteran's benefits, International F-1 Status, Financial Aid and/or EOP&S eligibility.**

Student Signature: _____   Date: _____

Counselor Signature:_____   Date: _____
 Cc

Counselor Recommendation: ☐ Approval   ☐ Approval w/ Below Conditions   ☐ Do Not Approve

Conditions of Readmission:

1. _____Unit Limitation: ☐ Yes ☐ No   Limit to ____units

2. _____Enrollment in specific courses: HCD _____, _____

3. _____Meet with a counselor _____ times during the semester.

4. _____Repeat the following courses: _____

5. Other Conditions/Comments:

6. _____ Academic Renewal for the following courses:

   _____, _____, _____, _____

7. _____ Attend Orientation

8. _____ Take Assessment Tests

Administrative Action:
☐ Approved
☐ Approved w/ Above Conditions
☐ Denied
☐ Returned to Student – Incomplete

_____   _____
                    Review Committee   Date

Rev 10-03-2017