College of the Siskiyous
Counseling and Support Services

Petition for Academic Reinstatement after Dismissal

Instructions to student: *Complete items 1 and 2 below, then contact the Counseling and Support Services office (530-938-5353) or, if you receive DSPS services, the Disabled Student Programs & Services Office (530-938-5397) to schedule an appointment to meet with a COS counselor for an academic reinstatement appointment. The remainder of the form will be completed during your appointment.*

Name_____ **S#**_____ **Petition for Semester/Year FA SP SU**_____

As a student who has been placed on academic or progress dismissal, I am petitioning to be re-admitted.

1. The reasons I did not make satisfactory academic progress were:

_____

_____

2. My plans to ensure satisfactory academic progress are:

_____

_____

I agree to participate in the following activities that will assist me to achieve academic success:

- ❑ I will meet with my COS counselor for a follow-up appointment: My next appointment is _____.
- ❑ I will update my educational plan with my COS counselor.
- ❑ I will update my counselor on circumstances that may affect my ability to make satisfactory academic progress.
- ❑ I will attend all classes in which I am enrolled on a regular basis and complete all class assignments.
- ❑ I will request and receive tutorial assistance and inform the tutoring coordinator if my needs have not been met.
- ❑ I will enroll in College Success Skills (GUID 5) or Learning Strategies (GUID 6).
- ❑ I will attend academic workshops, specifically covering: _____
- ❑ I will request Learning Services assessment and follow-up on the counselor's recommendations.
- ❑ I accept the enrollment limitation of a maximum of _____units for the semester noted below.
- ❑ I agree to complete all of my courses for the _____semester with grades of A, B, or C to be eligible to attend COS in the _____semester/year.
- ❑ A Petition for Reinstatement must be completed with a COS counselor each semester until your cumulative GPA is at least 2.0 and you have completed at least 50% of the cumulative units in which you have enrolled.
- ❑ I will follow-up on specific recommendations given by my counselors:

_____

_____

_____ _____
Counselor Date Student Date

- ❑ **Reinstatement DENIED** for sem/yr_____. May re-petition to attend COS for sem/yr_____.
- ❑ **Reinstatement APPROVED** for one semester: sem/yr_____.

Copies: ____Student ____Advising File Date Entered into Banner _____

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