

Counseling and Student Support Programs

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5353 - Fax: (530) 938-5531 – Email: counselingservices@siskiyous.edu

Petition for Academic Reinstatement After Dismissal

Instructions for student: Complete sections 1-2 below, then contact the Counseling and Student Support Programs Office (530) 938-5353 or, if you receive SAS services, the Student Access Services Office (530) 938-5297 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.

1. Student Information

First Name: _____ Last Name: _____ S# _____

COS Email: _____ Petition for Semester: ☐ Fall ☐ Spring Year: _____

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

Check all items that contributed to your dismissal:

- ☐ Personal illness/Emergency
- ☐ Work conflict
- ☐ Courses were too difficult
- ☐ Not motivated to study or lacked study skills
- ☐ Not committed to school
- ☐ Family death
- ☐ Failed to drop classes properly
- ☐ Problems in personal life/Relationships
- ☐ Mental Health
- ☐ Learning disability
- ☐ Trouble with time management, test taking, or note taking
- ☐ Other (explain): _____

Student Statement:

Please explain in detail the circumstances that led to your academic difficulties. Include a statement explaining how your circumstances have improved and what plans you have made to complete your educational goals:

Student Signature: _____ Date: _____

The following section will be completed with a COS Counselor during your academic reinstatement appointment.

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

- ☐ I will meet with my COS counselor at least once per semester.
- ☐ I will update my COS counselor on circumstances that may affect my ability to make satisfactory academic

progress.

- ☐ I understand that I need to participate in my classes on a regular basis and complete class assignments.
- ☐ If I qualify for Student Access Services (formerly known as Disabled Student Programs & Services) or if I think I have a disability, I will contact SAS to inquire about, or apply for, services.
- ☐ I accept the enrollment limitation of a maximum and minimum of units for the semester noted below.
- ☐ I understand that if I am reinstated, I am required to earn a minimum 2.0 semester GPA and complete 50% or more of my units attempted. If I fail to do so, I will be subject to dismissal and sit-out for one full semester (Fall or Spring).
- ☐ I will make an earnest effort to regain good standing with the college.
- ☐ I will schedule an appointment with a COS counselor prior to making schedule changes including adding/dropping classes.
- ☐ I will follow up on specific recommendations given by my counselor:

I will follow up with the following support services/departments recommended by my COS Counselor:

- | | |
|---|---|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Career Center |
| <input type="checkbox"/> Admissions & Records | <input type="checkbox"/> Tutoring/Academic Coaching (ASC) |
| <input type="checkbox"/> EOPS/CARE | <input type="checkbox"/> Student Health Clinic |
| <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Instructor Contact | <input type="checkbox"/> SAS – Student Access Services |
| <input type="checkbox"/> TRiO/SSS | <input type="checkbox"/> Library |

I agree to register for the following courses approved for registration by my COS Counselor:

Course	Units

Counselor Notes:

Total Units: Minimum: _____ Maximum: _____

Student Signature: _____ **Date:** _____

Counselor Use Only:

I have met with the student and have reviewed their student profile, external transcripts (if applicable), program of study, course repetition (if applicable), academic renewal (if applicable), and other factors contributing to my decision.

- ☐ I approve this student's reinstatement for semester / year _____
- ☐ I do not approve this student's reinstatement. May re-petition to attend COS for semester / year _____

Counselor Signature: _____ **Date:** _____

Copies: ☐ Student ☐ Advising File Date Entered into Banner: _____