



DISQUALIFIED STUDENT PETITION FOR REINSTATEMENT TO PROBATIONARY STATUS

Name _____ SMC ID # _____

Request reinstatement for Semester/Year _____ Email _____

1. Were you employed during the semester in which you had academic difficulty? Yes No
If so, do you believe this employment was a factor in your academic difficulty? Yes No
If yes, please explain:

2. If illness or medical problems were a factor in your academic difficulty, please explain.

3. What are your academic goals or vocational interests (transfer, A.A. degree or certificate of achievement/major)? Why have you chosen this and how did you arrive at this decision?

5. Please check any factors listed below which you believe contributed to your academic difficulties:

A. LEARNING

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

B. PERSONAL

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

C. ENVIRONMENTAL

- Family Obligations/Problems
- Social Activities
- Student-Instructor Communication
- Work Load/Situation
- Other: _____

6. How has your situation changed to eliminate/minimize those factors causing academic difficulties for you?

STUDENT'S WRITTEN PLAN FOR SUCCESS

Please write your plan to overcome difficulties in school: (Be very specific)

1. _____
2. _____
3. _____
4. _____

Academic Disqualification: I understand I must complete the upcoming semester with a minimum 2.0, (C) grade point average.

Lack of Progress Disqualification: I understand I must complete more than 50% of the units enrolled in the upcoming semester with letter grades only, excluding W, I, or NC or NP grades.

Student's signature: _____

Counselor's Use Only

Petition Decision:

___ Denied - Reason: _____

___ Granted with limitations marked below

Limitations:

Maximum unit limit _____ Semester/Session: _____ Year _____

Counselor comments and recommendations:

Repeat the following course/s: _____

Reviewed SMC transcript for unprocessed course repeats

Reviewed for academic and/or progress renewal

Exceeded enrollments for the following course/s: _____

Reduce weekly number of work hours to _____ hours per week

Attend another community college and complete _____ academic units with a minimum 2.0 (C) GPA

Complete the following required prerequisite(s) and/or advisory(ies) _____
_____ before attempting and/or repeating

Counselor's name & initials: _____ Date: _____