

PETITION FOR REINSTATEMENT - MISSION COLLEGE

Submit completed form to the Office of Admissions and Records.

Please print clearly or type.

Last	First	M.I.
Street Address:		
City/State/Zip Code:		

DEADLINE:
The Friday before the semester begins

College ID Number
Birth Date:
Phone: () ()
email:

- ➔ Student has not attended Mission College for at least one semester. *(Skip to student signature on bottom of this form.)*
- ➔ Student's justification for reinstatement. Please state under student comments how your situation has improved and your plans to improve your academic performance. Attach any pertinent supporting documents.

COUNSELOR ENDORSEMENT

Student was dismissed after the following semesters:

Semester and years (e.g. FA07, SP08)	Progress Dismissal	Academic Dismissal

Student is petitioning to be reinstated for (Fall /Winter/Spring/Summer) 200__.

Proposed courses:

Mid-semester grades required?
 Yes No
It is your responsibility to schedule a follow up appointment.

Check one			Name of Course	Sect #	units
keep add drop					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

NOTE: An administrative hold will remain on student's records. Therefore, adding or dropping a course must be done in-person.

Counselor Comments.

Counselor's Signature: _____ **Date:** _____

Student Comments.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

REVIEW Approved Denied Revise and Resubmit

Date Posted _____

Academic Council Chair's Signature _____ **Date** _____

Comments: _____