GAVILAN COLLEGE

COUNSELOR:_____

PETITION FOR RE-ADMISSION OF DISMISSED STUDENTS

Instructions to the Student:

1) Complete the information below. Ensure that all required attachments are included with your petition.
2) ***After*** completing the petition, make an appointment with your counselor for review and approval.

SEMESTER: ☐ **FALL** ☐ **SPRING** ☐ **SUMMER** **20 _____**

NAME: _____ ID #: G00_____

ADDRESS: _____
Street City State Zip

TEL #: _____ E-MAIL: _____

CELL #: _____ MAJOR: _____

Last Semester of Attendance _____

STUDENT STATEMENT:

Please type your responses to the following questions and attach to this petition:

1. For what reason(s) did you not maintain satisfactory grades/progress?
2. What specific steps will you take to improve your academic performance and/or progress if re-admitted? (e.g., reduced academic load, utilization of tutoring center, study skills class, etc.)

Using your my Degree Works page find:

1. My cumulative GPA is:_____

2. I have attempted _____ units at Gavilan. I have earned _____ units at Gavilan.

4. Calculate your overall pace of completion by dividing units earned by units attempted. What is your overall pace of completion? _____%

5. Go to "GPA Calc," Then click on, "Advice Calculator." How many units will it take you to reach a 2.0 GPA? _____

6. Do you have an Ed Plan? (check Ed Plan tab) ☐ Yes ☐ No

Dismissal Type: ☐ **Academic (< 2.0 GPA) 3rd semester** ☐ **Progress (> 50% I, NC, W) 3rd semester**

Will you be working next semester? ☐ Yes ☐ No If yes, how many hours per week? _____

Courses you wish to enroll in if re-admitted:

COURSE:	UNITS:

Please read the statements below and initial to indicate you understand:

____ I understand that once I make a contract with a counselor, I must continue to work with that counselor until I am no longer on dismissal, unless I am reassigned to another counselor.

____ I fully understand that if this petition is approved I may be obligated to fulfill additional college requirements in order to maintain my enrollment. (e.g., a mandatory workshop, class repetition, limits on enrollment, etc.)

_____ _____
Student Signature Date

To be completed by counselor:

☐ Repeat Course Work: _____

☐ Min. / Max. Unit Enrollment: _____

☐ Attend Workshop: _____

☐ Obtain Tutoring Services: _____

☐ Develop Ed Plan By: _____

☐ Submit Progress Report By: _____

☐ Meet with Counselor By: _____

☐ Minimum Grade Point Average: _____

☐ Other: _____

☐ **Petition Approved**

☐ **Petition <u>NOT</u> Approved**

_____ _____

Counselor Signature Date

Counselor notes & recommendations:

_____

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