

**OHLONE COLLEGE
PETITION FOR REINSTATEMENT**

Semester Petitioning to be Reinstated: _____

Date: _____

**STUDENT
COMPLETES**

Name: _____ Are you in EOPS? _____ or DSPS? _____

Address: _____

Student ID#: _____

Phone #: _____

Email Address: _____

After reading the criteria for reinstatement, please explain your reasons for requesting reinstatement. **All reasons are subject to verification.** Use the back of this page or a separate sheet of paper if necessary.

**COUNSELOR
COMPLETES**

Counselor Recommendation: Approved Denied

Conditions of Reinstatement:

As a reinstated student you are required to get a 2.0 semester GPA, _____ 20 _____, and:

- No "W" grades
- Limit of _____ units for _____ 200 _____ semester
- Enroll in and pass PD _____ and/or attend the _____ Student Success Workshop(s)
- Repeat _____ classes to make up substandard grades
- See a counselor _____ times during the _____ 200 _____ semester and bring in **completed progress reports** for each appointment on the following dates: _____
- Other _____

I have reviewed the conditions of reinstatement and agree to the terms listed above. I am aware that failure to meet the criteria listed above may result in my having to sit out the following term.

Student Signature Date

Counselor Name

Counselor Signature Date

Academic Appeals Committee decision: Approved Denied

Comments: _____

Chairperson Signature Date

Student notified by: Telephone Letter Email

By whom: _____ **Date:** _____

Student notified by:

Telephone

Letter

Email

By whom: _____

Date: _____