

**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, \_\_\_\_\_ 200\_\_\_\_, or sit out the following semester, 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.

\_\_\_\_\_  
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:** \_\_\_\_\_