

**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/classes for \_\_\_\_\_ 20\_\_\_\_ 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 \_\_\_\_\_ 20\_\_\_\_ 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

**Please note: Students on dismissal status will remain on dismissal until their overall GPA rises above a 1.75 and their "W", "I", and "NC" grades do not exceed 50% of their total attempted units. Students who have been reinstated need to repeat the reinstatement process each semester until they are clear. If a student fails to meet the conditions outlined in their reinstatement petition they may not be approved for a future reinstatement petition. \_\_\_\_ initial**

Academic Appeals Committee decision: Approved  Denied

\_\_\_\_\_  
Chairperson Signature Date Comments: \_\_\_\_\_

**Student notified by :** Telephone  Letter  Email   
**By whom:** \_\_\_\_\_ **Date:** \_\_\_\_\_