

ACADEMIC DISMISSAL

Student Letter of Petition



Please complete this form or attach an additional sheet using the following format:

Student Name _____ **Student ID** _____

Phone _____ **Email** _____

Program I want to pursue _____

Campus you plan to attend _____

I am requesting that my appeal be reviewed at the next available meeting date of _____

The reason for my past poor academic performance:

The reason I am asking to be reactivated:

My specific plans for my academic improvement include:

Student Signature _____ **Date** _____

Required: Internal Approvals

Counselor Name (Print): _____

Counselor Comments:

3rd party documentation included ☐ No ☐ No

☐ Registration restriction lifted

Counselor Initial _____ **Date** _____

Counselor Signature _____ **Date** _____