



# EL CAMINO COLLEGE REINSTATEMENT PETITION FORM

Our records indicate that you have been placed on Academic and or Progress Dismissal. In order to be considered to be reinstated in the Fall 2018 term, you must submit your petition. The reinstatement petition form is due no later than **Thursday August 2, 2018 by 4:30 p.m.**

## Student Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Last Middle Initial

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Number-Street City/State Zip

**Student I.D. #** \_\_\_\_\_ **Current email:** \_\_\_\_\_

**Work Load (Hours per week):**  
 30-40 hours     20-30 hours     10-20 hours     1-9 hours     Not Working

## Procedures

You must complete the reverse side of this form to explain any extenuating circumstances that contributed to your academic performance.

**IT IS YOUR RESPONSIBILITY TO PROVIDE NECESSARY INFORMATION AND SUBMIT THIS PETITION IN A TIMELY MANNER.**

**Directions:**

- (1) Fill out the front and back of this petition
- (2) Attach all supporting documentation to this petition
- (3) Include a Fall 2018 semester educational plan and probation level 2 contract

El Camino College (ECC) Students

Submit your petition to the RISE Center in the Student Services Center, second floor, Room 213.  
Questions? Call the RISE Center during regular business hours at (310) 660-3593, ext. 7800.  
Business Hours: Monday -Thursday 9:00am-5:00pm

**El Camino College Compton Center students please call (310) 900-1600 ext 2076 for more information.**

*I have read the information provided on this form and agree to provide the supporting documentation along with this petition before or on **August 2, 2018**. I understand that attendance at the SSP Workshop or completion of the Reinstatement Packet will **NOT GUARANTEE** my reinstatement for Fall 2018.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*\*\*Do Not Write Below This Line for Office Use Only\*\**

<input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Progress Dismissal <input type="checkbox"/> Both					
Student Success Program Workshop 1: <input type="checkbox"/> Yes-Date Attended: _____		<input type="checkbox"/> Never attended		<input type="checkbox"/> Scheduled to Attend: _____	
Student Success Program Workshop 2: <input type="checkbox"/> Yes-Date Attended: _____		<input type="checkbox"/> Never attended		<input type="checkbox"/> Scheduled to Attend: _____	
<b>Action Taken:</b>					
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied		<input type="checkbox"/> Reinstated Conditionally	
		Unit Limitation: _____		<input type="checkbox"/> Per Counselor Recommendation	
<input type="checkbox"/> Attend Workshop _____					
Comments: _____					
Reviewed By: _____			Cleared By: _____		
Date Student Contacted: _____	Type: _____	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Voice Message	<input type="checkbox"/> In-Person By: _____

# REINSTATEMENT PETITION STATEMENT

**Please attach all documentation to this petition**

Please provide supporting documentation to verify cases of accidents, illnesses or any circumstances beyond your control. Verification of such circumstances may include medical or psychiatric records, police accident reports, copy of death certificate of family member, employer letter on company letterhead regarding change of shift or work situation, or similar documentation. All documentation must be attached to the petition.

1. What do you feel were major factors in hindering your academic success? (For example: family, financial or personal issues, work schedule, time management, etc). Please explain.

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2. Is your situation the same or different? Please explain.

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3. Identify specific steps that you will take to strengthen your academic success.

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**\*\*\* If additional space is needed, attach one additional typed page.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_