



EL CAMINO COLLEGE REINSTATEMENT PETITION FORM

Deadline to Submit Petition: July 21, 2016 by 4:30pm

Name:			Date:
Last	First	Middle Initial	
Address:			Phone:
Number-Street	City/State	Zip	
Birth Date: / /		Student I.D. #	Current email:
Month/ Day /Year			

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

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 (as instructed above)
- (2) Attach all supporting documentation to this petition (as instructed above)
- (3) Attach copy of unofficial transcripts
- (4) Sign and date the front and back of the petition
- (5) Include a Fall 2016 semester educational plan created and signed by a counselor



Deadline to Submit Reinstatement Petition: No later than 4:30pm Thursday, July 21, 2016

El Camino College (ECC) Students -

SUBMIT YOUR PETITION TO THE RISE CENTER IN THE STUDENT SERVICES CENTER, SECOND FLOOR, RM 213.

Questions? Call the RISE Center during regular business hours at (310) 660-3593, ext. 7800. RISE Center summer hours are Monday, Tuesday, Thursday: 9:00 a.m. to 6:00 p.m.
Wednesday: 9:00 a.m. to 4:30 p.m.

El Camino College Compton Center Students -

SUBMIT YOUR PETITION TO THE COMPTON CENTER COUNSELING OFFICE IN THE ADMINISTRATION BUILDING.

Questions? Call the Counseling Department during regular business hours at (310) 900-1600, ext. 2076.

I have read the information provided on this form and agree to provide the supporting documentation along with this petition before or on **July 21, 2016**. I understand that attendance at the SSP Workshop or completion of the Reinstatement Appeal Packet will **NOT GUARANTEE** my reinstatement for Summer and Fall 2016.

Student Signature:

Date:

*****COMPLETE THE REVERSE SIDE OF THIS PETITION if your GPA was lower than 2.0 for spring, 2016*****

Do Not Write Below This Line for Office Use Only:

☐ Progress Dismissal

☐ Academic Dismissal

Student Success Program Workshop: ☐ Yes--Date of Workshop: _____ ☐ Never attended SSP Workshop

ACTION TAKEN:

(1) ☐ Reinstated Conditionally Unit Limitation: _____ ☐ Per Counselor Recommendation

(2) ☐ Denied

(3) ☐ Approved

Comments:

By:

Date:

Cleared by:

Date:

REINSTATEMENT PETITION STATEMENT

Please attach all documentation to this petition

1. What factors have contributed to your dismissal status? (For example: family, financial or personal issues, work schedule, time management, etc).

2. Please explain why you were dismissed.

3. Identify specific steps that you will take to strengthen your academic success (include, if applicable, any of the pertinent information covered in the SSP workshop such as reduce work hours, reduce units, time management strategies, etc.):

4. Identify specific college resources that you will use to support my academic success (For example: tutoring, counseling, workshops, Learning Resource Center, Basic Skills Study Center, Math Tutoring Labs, Writing Center, Special Resource Center, Career Center, Health Center– psychological services, etc.).

Explain how the resources selected will help you succeed academically.

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

Student Signature: _____

Date: _____