



## Petition for Academic Reinstatement

*Shoreline Community College is committed to helping you successfully complete your academic goals and has a number of staff and services designed to support you. We look forward to helping you move forward successfully.*

**SECTION ONE: Please complete this section prior to the mandatory advising appointment.**

Name: \_\_\_\_\_ Shoreline Email: \_\_\_\_\_

SID #: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Last quarter attended:       Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

Registration requested for:     Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

**A. In reviewing your academic performance, what has affected your grades? Check all that apply to you.**

<b>Academic:</b>		<b>Personal/Other:</b>		<b>Family/Social Adjustment:</b>	
<input type="checkbox"/> Undeveloped study skills	<input type="checkbox"/> Uncertain about major	<input type="checkbox"/> Financial difficulties		<input type="checkbox"/> Working too much (# hours/week= )	
<input type="checkbox"/> Undeveloped time management skills	<input type="checkbox"/> Don't feel challenged in class	<input type="checkbox"/> Health issues		<input type="checkbox"/> Roommate or relationship situation	
<input type="checkbox"/> What worked in high school doesn't anymore	<input type="checkbox"/> Difficult classes/not prepared for level	<input type="checkbox"/> Hard to get out of bed in the morning		<input type="checkbox"/> Personal/family situation	
<input type="checkbox"/> Unable to understand course content/relevance	<input type="checkbox"/> No clear career goals	<input type="checkbox"/> Use or abuse of alcohol or other substance(s)		<input type="checkbox"/> Housing insecurity	
<input type="checkbox"/> Issue or conflict with teacher	<input type="checkbox"/> Lack of textbook/course materials	<input type="checkbox"/> Possible learning disability		<input type="checkbox"/> Difficulty adjusting to college life	
<input type="checkbox"/> Hard to concentrate/daydreaming	<input type="checkbox"/> Not sure why I'm in school	<input type="checkbox"/> Difficulty sleeping at night		<input type="checkbox"/> Hard to make friends/loneliness	
<input type="checkbox"/> Registered for too many classes	<input type="checkbox"/> Shoreline may not be the place for me	<input type="checkbox"/> Pressure, stress, anxiety or tension		<input type="checkbox"/> Live far from campus	
<input type="checkbox"/> Did not attend/skipped classes		<input type="checkbox"/> Lack of motivation		<input type="checkbox"/> Food insecurity	
				<input type="checkbox"/> Over-involved with extra-curricular activities	

Other factors not listed above: \_\_\_\_\_

**B. From the list above, what are your top 2 challenges? Please fill in the following chart to the best of your ability. We will discuss at our appointment.**

Challenge	Explain each challenge's impact on your success	How can you overcome that challenge?
1.		
2.		

**C. What resources (academic, personal, etc.) have you used while at Shoreline CC?**

<input type="checkbox"/> Advising Services	<input type="checkbox"/> Tutoring Center	<input type="checkbox"/> Office of Special Services	<input type="checkbox"/> Smarter Measure	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Success Coaching	<input type="checkbox"/> Counseling	<input type="checkbox"/> Prof/Tech Learning Labs	<input type="checkbox"/> Shoreline Foundation	<input type="checkbox"/> E-Learning
<input type="checkbox"/> Library	<input type="checkbox"/> Writing & Learning Studio	<input type="checkbox"/> Student Life	<input type="checkbox"/> Science Learning Center	<input type="checkbox"/> Workforce
<input type="checkbox"/> Math Learning Center	<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Career Services	<input type="checkbox"/> Center for Gender Equity	<input type="checkbox"/> Multicultural Center
<input type="checkbox"/> Prayer Room	<input type="checkbox"/> Intramurals/Physical Ed.	<input type="checkbox"/> Other:		

The information I have provided on this form is true and accurate. I understand that if I am granted registration for the upcoming quarter, a hold will continue to remain on my record until I earn a GPA of 1.75 or higher in that quarter. I also understand that if I do not earn a GPA of 1.75 that I my academic alert status will remain as suspension. I confirm that I personally completed this form.

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

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

**SECTION TWO: To be completed with an Advisor during the mandatory advising appointment.**

**Plan of Action**

**A. How are you going to get this quarter off to a good start?**

	<i>Goal</i>	<i>Action Plan</i>	<i>Available Resources</i>	<i>Intended Date</i>
1.				
2.				

With whom will you work on this plan in the future (circle)? JF JC AF SS AZ JL TM SY AG CB RW MT AR

When is your appointment with them? \_\_\_\_\_

I approve the student indicated above to register for \_\_\_\_\_ credits for this quarter and request an override of their hold.

General Advisor: \_\_\_\_\_ Date: \_\_\_\_\_