



PETITION FOR ACADEMIC REINSTATEMENT

Students who have received a quarterly grade point average (GPA) of less than 1.75 for three (3) consecutive quarters are placed on academic suspension and must be reinstated to the college in order to enroll in classes. This form is to be completed by the student to request (petition) to be put back on (reinstated) "student" status.

The following are necessary steps to be reinstated to the college:

1. Complete this Petition for Academic Reinstatement form
2. Make an appointment with the Associate Dean of Advising by calling (206) 546-4559

We are committed to helping you successfully complete your academic goals; Shoreline Community College has a number of staff and services designed to help you meet these goals. We look forward to helping you move forward successfully.

STUDENT INFORMATION

Name: _____ SID: _____

Email: _____ Phone: _____

Address: _____ City, State, Zip: _____

Last quarter attended: Fall Winter Spring Summer Year: _____

Reinstatement requested for: Fall Winter Spring Summer Year: _____

STUDENT STATEMENT

Directions: Using the space on the back of this form, respond to the following statements. Please print or write clearly.

1. Explain the circumstances and specific reason(s) of what contributed to your academic difficulties.*
2. Explain how you are working to resolve these circumstances and how that is going.
3. Explain what strategies, tools, and resources have worked well for you academically in the past.

**To strengthen and support this statement, please attach and/or provide any supporting documentation (e.g. letter from a doctor or counselor, medical bill or records, police or insurance report, obituary notice).*

AGREEMENTS

Associate Dean of Advising will...

- Advise on appropriate courses for intended program and for academic success.
- Complete and/or review Educational Plan.
- Make schedule changes as necessary.
- Inform student of drop-in advising hours, important dates, or other academic information.
- Refer student to academic resources.
- Review the progress of this contract.

Student will...

- Make an appointment with an advisor to:
 - Discuss academic progress to date.
 - Review course selection for next quarter.
 - Complete and/or review Educational Plan.
- Meet with an instructor and advisor, in a timely manner, if struggling in a course.
- Check in with an advisor after grades are posted.
- Seek out additional resources and services (*see list below, check all that apply*).

RESOURCES & SERVICES

- Success Coach
- Tutoring
 - One-on-one tutoring
 - Math Learning Center
 - Writing & Learning Studio
 - Biology & Chemistry Learning Center
 - Physics Learning Center
- eLearning
- Counseling and/or Career Counseling
- Office of Special Services
 - Services for Students with Disabilities
 - Veterans Services
- Women's Center
- Multicultural Center
- Foundation (*scholarship applications*)
- Financial Aid

STUDENT STATEMENT (continued):

Directions: Using the space below, respond to the following statements. Please print or write clearly.

**To strengthen and support this statement, please attach and/or provide any supporting documentation (e.g. letter from a doctor or counselor, medical bill or records, police or insurance report, obituary notice).*

Explain the circumstances and specific reason(s) of what contributed to your academic difficulties.*

Explain how you are working to resolve these circumstances and how that is going.

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Explain what strategies, tools, and resources have worked well for you academically in the past.

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The information I have provided on this form and within the statement is true and accurate. I understand that if I am granted registration this quarter a hold will continue to remain on my record until I meet the agreements outlined here and receive a GPA of 1.75 or higher. I confirm that I personally completed this form and am requesting academic reinstatement.

The Associate Dean of Advising will review your statement and notify you of their decision regarding reinstatement. Please indicate the method in which you would like to be notified: Phone Email Mail

Student Signature: _____ Date: _____

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

Associate Dean of Advising: _____ Date: _____