

PETITION FOR READMISSION

APPEAL FOR MORE UNITS (Include explanation on back of form)

Readmission for:		
FALL	20	
SPRING	20	
SUMMER 20		

Petitions for readmission must be received by the Office of Admissions and Records **no later than ten (10) days prior to the start of the semester for which you wish to be readmitted.** *LRCCD Regulation 2230.4.2a*

Name:		Student ID:	
Address:	Apt	Email:	
City: State:	Zip:	Phone:	
Instructions: 1. If you are an EOPS, Cal-WORKS, or a readmission process. They will help you are all other students should contact the Sci (916) 558-2204 for instructions and assay. 3. Please visit the SCC Admissions and F	ou complete this petition. CC Admissions and Recor- sistance with the readmiss Records website for inform	rds Office at (916) 558-2351 or ion process and completing thi ation about the Probation and I	the SCC Counseling Office as form.
For Counselor Use Only:	Recommended Co	ourses:	
Semester: Summer	Ser	nester: Fall/Spring	
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	+		
	+ + -		
	 		
Total Units			
f your petition for readmission is approved , you will be ight to appeal to the Dean of Enrollment and Student to Veteran's benefits, International F-1 Status, Final Student Signature: Counselor Signature:	Services. Approval of this pancial Aid and/or EOP&S eli	petition pertains only to your aca igibility. Date:	
Cc			
Counselor Recommendation: App	oroval Approval w/ E	Below Conditions □ Do Not	Approve
Conditions of Readmission: 1Unit Limitation: □ Yes □ No Limit to		6 Academic Ren	ewal for the following courses:
 Enrollment in specific courses: HCD Meet with a counselor times during 		7, Attend Orienta	,,,
4Repeat the following courses:		8 Take Assessm	
5. Other Conditions/Comments:			
Administrative Action: Approved			
□ Approved w/ Above Conditions			
DeniedReturned to Student – Incomplete	Review Com	mittee	Date