



**Academic Review Committee
Petition for Reinstatement following Dismissal**

Enrollment Services

Student Name (Last, First, MI) _____
Palomar ID # _____ Birth Date _____
Email Address _____ Phone # _____
Mailing Address _____

Have you completed a Petition for Reinstatement in the past? Yes ___ No ___ Last Enrolled _____

Check the response(s) below which best describe the reasons for your dismissal. Provide any documentation you would like the Committee to consider.

- | | |
|---|--|
| <input type="checkbox"/> I was very ill. (Verifiable) | <input type="checkbox"/> I failed to properly withdraw from my courses. |
| <input type="checkbox"/> There was a death in the family. (Verifiable) | <input type="checkbox"/> The courses were very difficult for me. |
| <input type="checkbox"/> My work conflicted with my schooling. (Verifiable) | <input type="checkbox"/> I lacked the study skills to do well in my courses. |
| <input type="checkbox"/> I had problems in my personal life. | <input type="checkbox"/> I was not motivated to study. |
| <input type="checkbox"/> Other (list) _____ | |

Have you used any support services listed below? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Math Learning Center |
| <input type="checkbox"/> Disability Resource Center (DRC) | <input type="checkbox"/> Transfer Center |
| <input type="checkbox"/> English Department Writing Center | <input type="checkbox"/> TRIO/Student Support Services |
| <input type="checkbox"/> Extended Opportunity Programs & Services (EOPS) | <input type="checkbox"/> Tutorial Services |
| <input type="checkbox"/> Financial Aid & Scholarships | <input type="checkbox"/> Veterans Services |

Have you been working with any counselor(s) at Palomar? Yes ___ No ___

If yes, which counselor(s) _____

What is your academic goal? ___ Upgrade job skills ___ Certificate Program ___ AA Degree ___ Transfer

List Major or Area of Emphasis _____

Do you have a student educational plan? Yes ___ No ___

Were you employed during the problem semester(s)? Yes ___ # Hrs/Wk _____ No ___

How many hours per week do you plan to work this semester? _____

I have read and understand the Palomar College Probation and Dismissal Policy, and agree to follow the recommendations made by the Review Committee.

Student Signature _____ Date _____

Academic Review Committee Decision Approved ___ Denied ___

Reinstatement ___ Immediate ___ After one semester ___ Other _____

Comments _____

Chairperson Signature _____ Date _____

Date Student Notified _____ By whom _____