

Porterville College – Petition for Readmission

Students complete sections 1, 2, and 3 prior to meeting with a counselor.

Section 1: Student Information

Semester for which you are petitioning to be readmitted: Fall _____ Spring _____
Student Name: (Last) _____ (First) _____ Cell # _____
Student ID Number @ _____ PC Gmail: _____
Current Major: _____ Last Term of Attendance: _____
Cumulative GPA: _____ **Units Attempted:** _____ **Units Passed:** _____
(Login into **InsidePC**, click on the Student Tab, Banner Self Service, Student Records and Academic Transcript to find this information)

Section 2: Contributing Factors

The following factors affected my academic performance (please check all that apply):
Death in the family _____ Medical Reason _____ Employment _____ Transportation _____ Personal (i.e. divorce) _____
Other (Explain): _____

Section 3: MUST BE COMPLETED PRIOR TO APPOINTMENT WITH COUNSELOR

You *must* answer the following questions in detail:

1. What were the reasons that led you to the disqualification status?
2. What changes will you make to be a successful student?
3. How does achieving a degree, certificate, or transferring from PC fit into your career and life goals?

Your response must be typed, double spaced, and it must be at least *half* a page but no more than *one* page. Be sure to include your name and student ID number. Bring your response and this form to your counseling appointment.

Section 4: Counselor - Academic Plan for _____ Semester 20 ____ (7 unit limit/Online courses not recommended)

Course	

Section 5: Student Responsibilities. I understand that

- If I am readmitted, I will complete the current term with a 2.0 GPA or a completion rate of 50% or higher. If I do not complete the semester as agreed, the college will suspend my registration for at least one year.
- I will follow the recommendations in my Student Success Contract as listed.
- I understand that I will not be able to register for the following semester until grades are posted.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

SECTION 6: COLLEGE DECISION

Petition Approved Petition Denied Semester _____ 20 ____

Counselor Comments:

Date of Committee Review _____ Signature of Committee Chair _____ Entered in Banner _____