



PASADENA COMMUNITY COLLEGE DISTRICT
ADMISSIONS & RECORDS OFFICE

PETITION FOR REINSTATEMENT ON PROBATIONARY STATUS

Your success as a student is important to the faculty and staff at Pasadena City College. Dismissed students are encouraged to return and complete their educational goals. The dismissed student must present evidence of serious intent to succeed and have realistic academic goals in mind. If the petition is granted, the student will be readmitted to the college with enrollment limitations.

Name: _____ ID Number: _____
LAST FIRST

Email: _____ Date of Birth: _____

Term for Reinstatement: _____ Phone Number: _____
SEMESTER / YEAR

1. What are your academic or vocational interests? Why have you chosen this and how did you arrive at this decision?

2. Was employment a factor during the semester of your academic difficulty?
If yes, please explain:

3. Check any factors listed below you find contributed to your academic difficulties:

A. LEARNING

- Language Barrier
English grammar
Spelling
Reading Comprehension
Listening Skills
Note-taking
Concentration
Memory
Text Anxiety
Procrastination
Time-Management
Motivation
Goal-Setting
Other

B. PERSONAL

- Emotional Concerns
Financial Difficulties
Housing/Shelter
Disability (Visual Impairment, etc.)
Transportation
Other

C. ENVIRONMENTAL

- Discrimination
Family Responsibilities/Issues
Social Activities
Communication with Instructor
Work Load Issues
Other



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4. If illness or medical/health concerns were a factor in your academic difficulty, please explain. Also attach a medical statement from your attending or family doctor.

5. How has the situation changed to eliminate those factors that caused your previous academic difficulties?

STUDENT'S WRITTEN PLAN FOR SUCCESS

You are required to make an appointment with a PCC counselor* to develop a plan for success below. (*If you are in a program such as EOPS, DSPS, Pathways, etc., please see a counselor in that program.)

Student's plan to overcome difficulties in school include the following: *(Be very specific and complete only with your counselor)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Counselor's Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only: Initial: _____ Date: _____