To file an appeal for Spring 2014, complete this form and submit in person to the Office of Admissions, Records, and Enrollment Services between Oct 1- Nov 14, 2013.

Saddleback College

Appeal for Readmission After Dismissal

28000 Marguerite Parkway, Mission Viejo CA 92692
Counseling Services

OR
Unit Limit Increase from Previous Semester

Select Term/Year:

☐ Fall  ☐ Spring  ☐ Summer  Year: _______

To complete this form, select which of the following condition(s) applies to you:

☐ I have not attended Saddleback College or Irvine Valley College for at least one semester.

☐ I have successfully completed my most recent semester, received a grade of A, B, C, or Pass in all classes, and no W or No Pass from any classes.

☐ I have recently submitted a Request for Transcript Repeat Notation. My new GPA is above 1.75.

☐ I have attached documentation to support extenuating circumstance (illness, accident or other circumstance beyond my control).

To appeal your academic dismissal status:

- Be thorough and provide details and timelines in your explanation. Do not be vague; your student statement is a significant piece of information in evaluating your appeal.
- Attach additional sheets or pertinent documents if needed, and print your name/ID at the top of each page.
- If you have attended another college, attach an unofficial or official transcript.
- Meet with a counselor to complete the counselor verification.
- When completed and submitted, this form will be reviewed by a committee and you will be notified by email of the decision. Please allow up to two weeks for review.

Please print clearly

Student ID: ___________________________  Date of Birth: ___________________________

Name: ________________________________  ________________________________  Middle

Last First

Address: ________________________________  City: __________________________  State: ________  Zip: ________

Number Street Unit #

Telephone: (___)_________  Email: ___________________________@______________  Date:_____________________

Area Code  Number

Were you employed during the semester of your dismissal?  Yes ☐  No ☐  Hours per week you worked? ________

How many hours do you plan to work if readmitted? ________

Explain in detail your extenuating circumstances that contributed most to your poor academic performance and attach any supporting documentation.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please check one:
☐ I am requesting readmission after dismissal
☐ I am requesting a unit increase from last term
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How have you addressed your extenuating circumstances so that you will be more successful in your classes? Please attach any supporting documentation.

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

I agree to follow the counselor recommendation(s).

Student Signature ___________________________ Date ___________________________

College Counselor Verification

Please verify that you have met with the above student by signing this form and indicating any course or unit limitations you feel are necessary. Please attach an unofficial transcript to this form.

Matric Placement: English ____________ Reading ____________ Math ____________

Existing Unit Limit ____________ Recommended Unit Limit ____________

Course Recommendations: ____________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Additional Comments/ Behavioral Agreements: _____________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Counselor Signature: ______________________________________________________________________

Print Name: ___________________________ Date: ___________________________

Office Use Only

Student ID: ___________________________ Received by: ___________________________ Date: ___________________________

Final Committee Decision: Approved [ ] Denied [ ] Approved Unit Limit ____________

Final Decision Date: ___________________________ Committee Chair Signature ___________________________

Comments: __________________________________________________________

Office actions: [ ] Hold Update From _______ to _______ [ ] Units Updated
[ ] Application Processed (for Readmit) [ ] Student Notified Date: ___________________________

Method of Notification: Email [ ] Ltr [ ] Ph [ ] Oth

09/17/2013