

Please check the appropriate one:



Saddleback College

28000 Marguerite Parkway, Mission Viejo CA 92692
Counseling Services

<input type="checkbox"/>	Appeal for Readmission After Dismissal
<input type="checkbox"/>	Unit Limit Increase from Previous Semester

Steps to follow:

Request for Readmission:

1. Complete admissions application at <http://www.saddleback.edu/> >Apply Now
2. Take appeal form, admissions application confirmation page, and Saddleback academic history to A&R office (SSC 102)
3. Meet with an academic counselor for readmission at Saddleback Counseling Services (SSC -167)

Request for Unit Limit increase:

1. Submit this form, after current grades are posted, to the Saddleback Admissions and Records office (SSC-102)
2. Meet with an academic counselor for recommendation of unit increase, at Saddleback Counseling Services (SSC -167)

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: _____
Last First Middle

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? _____

APPEAL FOR READMISSION / UNIT LIMIT INCREASE PETITION FORM

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

Student ID# _____

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)
Method of Notification: Email Ltr Ph Oth