Steps to follow:

**Request for Readmission:**
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

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