IMPERIAL VALLEY COLLEGE

Office of Admissions and Records

Petition for Reinstatement after Dismissal

380 E. Aten Road, Imperial, Ca 92251 Phone (760) 355-6101 Fax (760) 355-6400

Student ID# _G00_____ **IVC Email address** _____

Name_____ **Home Phone**_____

Address_____ **Work Phone** _____

City/Zip code_____ **Cell Phone** _____

Steps to be completed if requesting reinstatement:

1. Prepare a written statement addressing the following questions (**must be completed prior to counselor appointment):**

    A.   Why do you want to return to Imperial Valley College?

    B.   Why were you unsuccessful prior to your dismissal?

    C.   What has changed in your life to enable you to succeed if reinstated?

2. Meet with counselor to develop a corrective plan for reinstatement.

3. Submit the Corrective Plan for Reinstatement, Student Statement and Petition for Reinstatement to the Admissions & Records Office.

STUDENT'S STATEMENT OF UNDERSTANDING

Submit this petition along with your Corrective Plan and Student Statement to the Admissions and Records Office. If reinstated, you must follow the corrective plan prepared by your counselor. Failure to comply with the conditions of your Corrective Plan may result in cancellation of your reinstatement, and being dropped from your classes.

Note: _You may not qualify for FAFSA or California College Promise Grant (Formerly known as BOG)._

Student's signature_____ **Date signed**_____

To Be Completed by Admissions and Records Office

Director of Admissions and Records _____ Date _____

Revised 09/24/2019

TO BE COMPLETD BY A COUNSELOR'S
CORRECTIVE PLAN FOR REINSTATEMENT AFTER DISMISSAL

Name: _____ **ID# G00**_____ **Year** _____

☐ Scholastic Dismissal   ☐ Lack of Progress Dismissal

Student plans to reenroll for_____term, 20____

Program (Check 1):

☐ District   ☐ DSP&S   ☐ EOPS   ☐ SSS   ☐ TC   ☐ Veteran on GI Bill Benefits

DA GPA:_____   DA Completion Rate:_____   Number of attempted units: _____

Recommended classes for reinstatement:

Semester: ☐ Fall_____   ☐ Winter_____   ☐ Spring_____   ☐ Summer _____

_____ ( )   _____ ( )

_____ ( )   _____ ( )

_____ ( )   _____ ( )

Maximum number of units for the term of reinstatement: _____

Academic Support Services:

☐ Learning Labs   ☐ Workshops

☐ Tutoring   ☐ Regular Counseling Appointment

Conditions for reinstatement & counselor comments:

_____

_____

_____

_____

Counselor Print Name:_____Counselor's Signature: _____