



Petition to Appeal Dismissal
School of Counseling & Student Support Programs

Please Print

Student ID #: _____ Term/Year for Reinstatement: _____

Student Name: _____
Last First Middle

Address: _____
Street City Zip Code

Email Address: _____ Phone Number: _____

Educational Goal: AA/AS Certificate Transfer Major: _____

Check One:

- Appeal of Dismissal:** Check this box if you were just notified by email that you are subject to dismissal.
- Re-Admission after Dismissal:** Check this box if you were dismissed and sat out (forced interruption) for two semesters and are now petitioning to be cleared for reapplying.

Your answers to the following questions will be a determining factor for reinstatement and/or readmission. You may attach additional pages, please provide supporting documents if applicable.

1) State the circumstances which prevented you from successfully completing your classes at Southwestern College.

2) What will you do differently so that you can accomplish your educational goals?

Student's Signature

Date

STAFF RECEIVING DOCUMENTATION: _____