

LONG BEACH CITY COLLEGE
Petition for Readmission

Please Print Clearly

Date ____/____/____

Name _____ (_____)
Last, First MI Previous Name

Address _____
Street City State Zip Code

Student ID# _____ Phone# (____) _____ - _____ Birthdate ____/____/____

Return this petition and all other required materials to the Admissions & Records Office at LAC in order to be considered for readmission. The deadline for the **fall semester is the second Friday in July and the deadline for the spring semester is the second Friday of November.** **LATE PETITIONS WILL NOT BE ACCEPTED.** To assist the Readmission Committee in evaluating your request, please complete this entire petition and provide thorough explanations for all of your answers. Also, attach any documentation to support your reasons (e.g. doctor's letter if problems due to illness). **Questions must be answered on this form. Additional information may be attached on plain paper.**

Please attach the following to this petition;

Transcripts from other colleges Proof of counseling appointments Any additional documentation

1. How many hours per week do you work? _____ 2. How many units are you requesting to take? _____

3. What are your family obligations? _____

4. What classes are you planning to take? _____

5. Are you taking classes for personal enrichment? _____ 6. Have you been dismissed in the past? _____

7. Please circle the program you are a participant of: **DSPS / EOP&S / Financial Aid / International / Police Academy**

8. List any other colleges you have attended or are currently enrolled. **(Attach those transcripts to this form)**

9. Did you have a counseling appointment or attend a Success Workshop for Probation Students? _____ When? _____

10. Please explain the factors that caused your grade point average and/or withdrawal rate (completion ratio) to fall below the college standards.

11. How has your situation changed which would eliminate the factors causing academic difficulties for you? _____

12. What is your plan to overcome the difficulties that you experienced in college? **(Be very specific)**

A. _____

B. _____

C. _____

D. _____

13. What is your educational goal? **(Circle all that apply)** Certificate / A.A./A.S. Degree / University Transfer / Other

14. If you are readmitted, what major do you wish to pursue? _____

Student Signature _____

Office Use Only

Last LBCC semester attended Fall / Spring / Summer Year _____

Did student have a counseling appointment or complete a Student Success Workshop? Yes / No

Is student showing academic improvement? Yes / No

Petition Decision

Denied – Evidence of a realistic goal and serious intent to success were not present.

Granted with limitations listed below.

Petition incomplete. Please complete and resubmit.

Limitations

May enroll in 3 units May enroll in 6 units May enroll in _____ units

Comments: _____

Reviewer's Name _____

Date ____/____/____

(Please print)