



Academic Dismissal Petition for Reinstatement

Evaluations Office | evaluations@palomar.edu | (760) 744-1150 Ext 2165

Purpose: This form is intended for students who have been academically dismissed and seek reinstatement. **Students must sit out for one full semester (fall or spring) before submitting a petition for reinstatement.** Please note that summer sessions do not count toward the sit-out period, but students are permitted to enroll in summer classes. It is strongly recommended that students consult with a counselor for guidance during this process. For students that are approved for reinstatement in the spring semester, holds will be released beginning in December of the previous year.

Instructions: Submit to the Evaluations Office: evaluations@palomar.edu | Student Services Center 1140 West Mission Road San Marcos, CA 92069

Section A: Student Information

Student's Name - Last, First, MI	Palomar ID Number
E-Mail Address	Phone Number
Address	

Section B: Student Questionnaire

1. Select Semester/Year for Reinstatement: _____
2. Have you completed a Petition for Reinstatement in the Past? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Last Semester/Year of Enrollment: _____
4. Check the response(s) below which best describe the reasons for your dismissal Please provide any supporting documentation you would like the Committee to consider. <input type="checkbox"/> Serious illness or health issues <input type="checkbox"/> Personal or family challenges <input type="checkbox"/> Insufficient study skills or preparation <input type="checkbox"/> Loss of a family member <input type="checkbox"/> Failure to properly withdraw from courses <input type="checkbox"/> Lack of motivation to study <input type="checkbox"/> Work-school schedule conflicts <input type="checkbox"/> Courses were academically difficult <input type="checkbox"/> Other (please specify): _____
5. Have you used any support services listed below? Please check all that apply: <input type="checkbox"/> Career Services <input type="checkbox"/> Extended Opportunity Programs & Services <input type="checkbox"/> Transfer Center <input type="checkbox"/> Counseling Services <input type="checkbox"/> Financial Aid & Scholarships <input type="checkbox"/> TRIO/Student Support Services <input type="checkbox"/> Disability Resource Center (DRC) <input type="checkbox"/> Health Services <input type="checkbox"/> Tutorial Services <input type="checkbox"/> English Department Writing Center <input type="checkbox"/> Math Learning Center <input type="checkbox"/> Veterans Services
6. Have you been working with any counselor(s) at Palomar College? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide counselor's name: _____
7. What is your academic goal? <input type="checkbox"/> Upgrade Job Skills <input type="checkbox"/> Certificate Program <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> Transfer
8. List Major or Area of Study: _____
9. Do you have an Student Educational Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. Were you employed during the problem semester(s)? <input type="checkbox"/> YES, # Hours/Week: _____ <input type="checkbox"/> NO
11. How many hours per week do you plan to work this semester? _____

Section C: Student Certification and Signature

I certify that all information provided in this Petition for Reinstatement is true and accurate to the best of my knowledge. I have read and understand the Palomar College [Probation and Dismissal Policy](#), and agree to follow the recommendations made by the Review Committee.

Student Signature

Date

FOR OFFICE USE ONLY:

Academic Review Committee Decision: ☐ Approved ☐ Denied **Reinstatement:** ☐ Immediate ☐ After one semester ☐ Other _____

Comments: _____

Chairperson Signature

Date

Date Student Notified

By Whom