

**PETITION FOR REINSTATEMENT
After Academic Dismissal**

Petition must be submitted prior to re-enrollment

Name: _____ Student ID #: _____
Last First Middle

Address: _____
Street Apt. # City Zip

Phone number (daytime): _____

Email: _____

Year/Quarter of Dismissal: _____ Fall Winter Spring Summer
Year

Year/Quarter of intended re-enrollment: _____ Fall Winter Spring Summer
Year

Intended academic program (major): _____

Completion Coach or Counselor: _____
Last First

DIRECTIONS: You may request re-enrollment following the one-year academic dismissal period. Please complete this form and mail it to:

Lane Schumacher
Dean for Student Retention & Completion
Columbia Basin College
2600 N 20th Ave., MS-H8
Pasco, WA 99301-3379

- Attach to this form a full explanation of your academic transcript, your pattern of past performance and your proposed strategy for academic success. It is your responsibility to provide evidence to suggest you will be successful from this point forward.
- Please understand that completing this petition does not guarantee re-enrollment.

I am hereby requesting to re-enroll at Columbia Basin College. I understand that I may be contacted by the Dean for Student Retention & Completion for further information, if needed. I further understand that the College is not obligated to reinstate me, and my request for reinstatement does not guarantee any rights to re-enrollment.

Signature: _____ Date: _____

Office Use Only

Date petition received in Counseling/Advising Office _____